Notifiable Disease Report Manual

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Communicable Disease Control Branch

Public Health Division

Primary and Preventative Health Services

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Revision History

Revision Date	Document Section	Description of Revision
April 2026	Lives on Reserve	• Updated list of Reserve Names
	Pregnancy Outcome	• Added missing fields and definitions
	Appendix 2: NDR Form Mandatory Field Reporting Matrix	• Added missing disease section for “Mumps” • Added missing ICD code for mpox • Updated footnotes to align with the rest of the NDR manual and the Public Health Disease Management Guidelines (PHDMG).
December 2025	Revision History	• Moved to beginning of document in line with other guidance documents
	General	• Removal of NDR # • Updated Template • Major wording edits throughout document • Additional sections/fields based on new NDR form
	Reporter Responsibilities	• Added clarification to wording in all sections • Added new section identifying ‘cross-over diseases’ • Updated list of diseases that use an enhanced surveillance report form exclusively or in addition to an NDR form.
	Minimum Mandatory Fields	• Moved from Appendices to page 15.
	Section 1 – Personal Identifiers	• ‘Gender’ changed to ‘Sex’ to align with wording in the definitions • Ethnic Group: ‘Caucasian’ changed to ‘White’ • Added ‘EDD’ • Added ‘Pregnancy Outcome’ which includes ‘Birthing Parent Outcome (if applicable)’, ‘Gestational Age at Outcome’, ‘Outcome Date’ and ‘Outcome Related to Disease’
	Section 2 - Disease Descriptors and Laboratory Information	• Species/Typing’ – clarified wording for non-lab confirmed cases epi-linked to lab-confirmed cases. • ‘Hospitalized’ – added rationale for completion of ‘Yes’ in the ‘Symptomatic’ field Removed ‘Autopsy Performed?’ field • Added “Admitted to ICU’ • Added “Transmission Risk’ • Added field to indicate whether outbreak number is ProvLab, or public health professional assigned • Removed outbreak investigation number format descriptions
	Section 3 – Immigration and Travel	• Added wording to clarify how to proceed if information is unknown and person is ‘Unable to Contact/Lost to Follow-Up’
	Section 4 – Enterics and Non-Enterics	• New section with 3 sub-sections collecting information for both enteric and non-enteric diseases: - Where was disease likely acquired (aligned with the Alberta Outbreak Report Form [AORF] fields/definitions) – i.e., many new fields - Medical Risk Factors (new for enteric disease collection) o New: Cerebrovascular Disease, Chronic Mental Illness, Cancer/Malignancy, Obesity, Pregnancy Loss, Hepatitis B, Varicella/Shingles (Zoster) o Social / Behavior Conditions (new for enteric disease collection) • New: Smoker - Commercial tobacco (e.g. cigarettes, cigars, hookah, pipe), Smoker (Hookah-herbal without tobacco), Smoker (Vaping - Nicotine Free), Smoker (Cannabis), Smoker (Vaping - Nicotine), Smoker (Vaping - THC/CBD)
	Section 5 – Enterics	• Added ‘Unknown’ and ‘Other, specify’ under ‘Food (Human)’
	Section 6 – Non-Enterics	• How was disease likely acquired: - Added ‘(shared equipment)’ to ‘Non-IDU’ - Added ‘Occupational Sharps’ • Manifestation/Site: Lyme disease fields moved to separate Tick form.
	Section 7 - Disease Specific Immunization	• Reason Not Immunized/Partially Immunized field changes: - Added ‘(cost barrier)’ to ‘Not provincially funded’

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	and Pre or Post Exposure Prophylaxis History	- ‘Unaware of provincially funded vaccine’ changed to ‘Unaware of vaccine’ • New: ‘Medical contraindication’ and ‘Not up-to-date with immunizations’
	Appendix 2: NDR form Mandatory Field Reporting Matrix	• Addition of columns based on new NDR form • Addition/Removal of diseases • Addition or changes to mandatory requirements throughout

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Introduction

This is the 10th edition of the NDR Manual.

The NDR form is a surveillance tool designed to collect meaningful communicable disease data in Alberta. It supports the analysis, interpretation, and dissemination of information for public health purposes. The form is not intended to serve as a comprehensive case management recording system.

Instead, the NDR enables PPHS to respond to and advise public health partners on notifiable communicable diseases. It also captures the information needed for reporting to:

- The Premier of Alberta
- The Minister of Health
- Albertans
- Indigenous Services Canada (ISC)
- The Public Health Agency of Canada (PHAC)

Purpose of the Manual

The purpose of the NDR Manual is to:

- Apply to all diseases currently designated as notifiable under Alberta legislation, whether listed in the CDR or made reportable under Section 15 of the PHA.
- Clarify the roles and responsibilities of public health reporters and provide guidance on completing the NDR form, including field-level reporting requirements, to ensure consistency in data collection and interpretation.

Primary and Preventative Health Services Responsibilities

Primary and Preventative Health Services (PPHS) uses data from the Notifiable Disease Report (NDR) form, captured through the Communicable Disease Reporting System (CDRS) to support public health surveillance of reportable communicable diseases in Alberta.

The Centers for Disease Control and Prevention (CDC) defines public health surveillance as:

> *"The ongoing, systematic collection, analysis, interpretation and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health."*[1]

Data entered into CDRS is used by PPHS to achieve the following objectives:

1. Accurately count incidents of notifiable disease.
2. Identify cases requiring immediate public health intervention.
3. Alert public health and other relevant professionals to changes in disease activity within their area.
4. Detect shifts in disease patterns or trends that may warrant further investigation.
5. Support outbreak identification and management.
6. Monitor and report disease incidence by person, place and time.
7. Assess disease impact and prioritize prevention and control efforts.
8. Evaluate the effectiveness of prevention and control strategies (e.g., immunization programs on reducing incidence of disease).
9. Identify risk factors for diseases to inform targeted prevention measures.
10. Assess population health status through epidemiological analysis (who, what, when, where and why).
11. Link with other data sources to enhance population health assessments (e.g., hospital admissions database)
12. Provide communicable disease data to health professionals, researchers, media and the public, where applicable.
13. Fulfill national reporting requirements.

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Organization of the Manual

The NDR manual follows the NDR form and is divided into eight sections:

Section 1 - Personal Identifiers
Section 2 - Disease Descriptors and Laboratory Information
Section 3 - Immigration and Travel History
Section 4 – Enterics and Non-Enterics
Section 5 - Enterics
Section 6 - Non-Enterics
Section 7 - Disease Specific Immunization and Pre or Post Exposure Prophylaxis History
Section 8 - Additional Information/Reporting

The following appendices are included in the NDR manual:

Appendix 1: NDR Form
Appendix 2: NDR Form Mandatory Field Reporting Matrix
Appendix 3: Enteric Disease List for NDR Form
Appendix 4: Non-Enteric Disease List for NDR form
Appendix 5: Immunobiological Lists
Appendix 6: Revision History

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Organization within each Section

Each section of the NDR Manual contains information for each field name and includes items outlined in Table 1.

Table 1: Description of Terms

Term	Description	
Field Name	Name of the field as it appears on the form (e.g., Birth Date)	
Description	Describes the information to be entered (e.g., identifies the province that issued the Personal Health Number (PHN), such as Alberta)	
Reporting Requirements	Mandatory	The data for the field must be reported
	Conditional	The data must be reported in certain situations or for certain notifiable diseases
Instructions	Guidelines for completing the field (e.g., Enter the code 'AB' for Alberta, or the code for another province)	
Code	The code/information to be entered in the field, if applicable	
Definitions	Provides detailed information for choices under Field Name	
Notes	Additional information to provide further clarification	

List of Acronyms

CDOM .....Communicable Disease and Outbreak Management

DI.....Disease Incidence

FMP.....Fastest means possible

HUS.....Haemolytic Uremic Syndrome

ICD .....International Classification of Disease

ICU .....Intensive Care Unit

ISC .....Indigenous Services Canada

NDR .....Notifiable Disease Report

PEP .....Pre or Post Exposure Prophylaxis

PHAC .....Public Health Agency of Canada

PPHS .....Primary and Preventative Health Services

PHN.....Personal Health Number

ULI.....Unique lifetime identifier

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Reporter Responsibilities

Reporting Timelines

Health professionals play a key role in reporting notifiable communicable diseases to PPHS. Timely reporting is critical to protect the health and safety of all Albertans.

- The NDR form must be completed and submitted to the Communicable Disease Team at PPHS, within the timeline specified for each disease. This process is governed by the Alberta *Public Health Act* and the *Communicable Diseases Regulation*.[2,3]

The table below outlines who to contact and the required timelines for reporting notifiable communicable diseases. Diseases requiring reporting by fastest means possible (FMP)[A] are listed in Appendix 2: NDR Form Mandatory Field Reporting Matrix.

Table 2: NDR form Reporting Timelines

Term Used	Definition	Who to Contact	Compliance Requirement
FMP Diseases	Notifiable diseases that must be reported to the Chief Medical Officer of Health (CMOH) or designate by the most direct and timely method available (i.e., phone or monitored email).	• For reporting Monday to Friday during regular business hours (0815-1630), call the CMOH Designate (Nurse Pager) via pager number 780-969-0888. • For reporting after hours, over a weekend or stat holiday, contact the CMOH (or designate) via pager number 780-638-3630.	• The initial NDR form must be forwarded to PPHS within seven days.* • The final NDR form must be forwarded within 14 days.*
Non-FMP Diseases	Notifiable diseases that do not require FMP notification to the CMOH (or designate), usually 48 hours or longer.	• Not applicable	• The initial NDR form must be forwarded to PPHS within two weeks.** • The final NDR form must be forwarded within four weeks.**

* Exception: Mpox initial NDR form and ESR should be reported within 24 hours and the final forms within 7 days after initial notification.

** Exceptions: Hepatitis B and Hepatitis C initial NDR forms should be reported within four weeks and the final NDR form within 10 weeks.

[A] Definition of “fastest means possible”: the immediate reporting of a notifiable disease to the CMOH using the most direct and timely method available.

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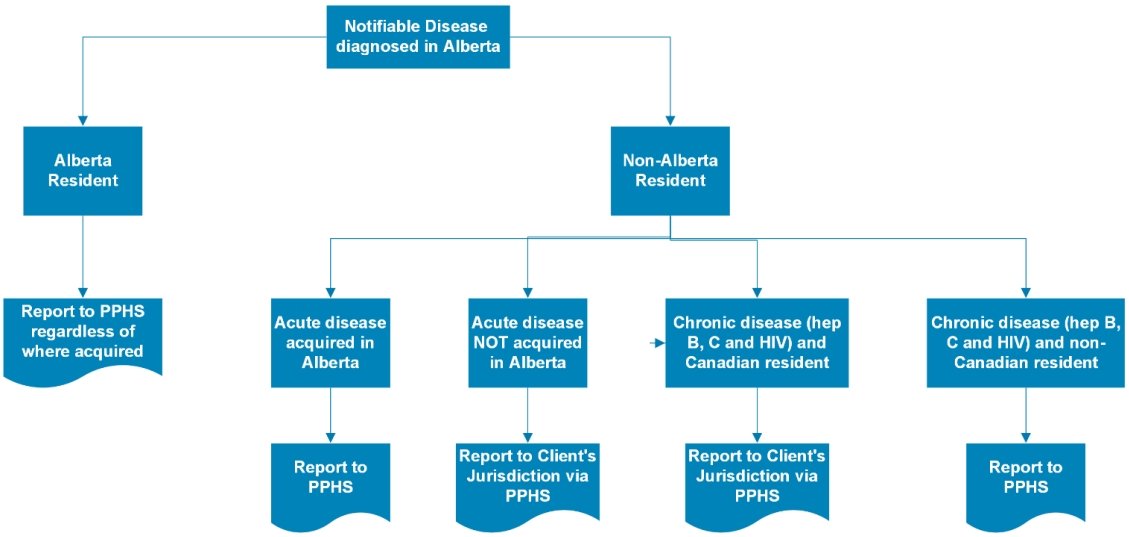
Attribution of Cases

All individuals diagnosed with a notifiable communicable disease in Alberta must be investigated to determine the source of the infection, **regardless of their place of residence** (See Figure 1: Attribution Algorithm).

Figure 1: Attribution Algorithm


Notifiable Disease diagnosed in Alberta
Alberta Resident
Non-Alberta Resident
Report to PPHS regardless of where acquired
Acute disease acquired in Alberta
Acute disease NOT acquired in Alberta
Chronic disease (hep B, C and HIV) and Canadian resident
Chronic disease (hep B, C and HIV) and non-Canadian resident
Report to PPHS
Report to Client's Jurisdiction via PPHS
Report to Client's Jurisdiction via PPHS
Report to PPHS

- **Individuals temporarily residing in Alberta**
  - Individuals whose permanent address is outside Alberta but who are employed, attending school, or otherwise living in Alberta for an extended period (e.g., greater than or equal to 30 days), **will be considered Alberta residents** for reporting and completion of related forms.
    Note: the 30-day threshold is arbitrary and should be assessed case-by-case.
- **Short-term visitors (non-Alberta residents visiting for short periods (e.g. less than 30 days*)**
  - If the disease was **acquired outside of Alberta**, the MOH (or designate) will determine whether the individual is still in Alberta for public health management purposes. These cases will generally be reported in their jurisdiction of residence.
  - If the disease was **acquired within Alberta**, The MOH (or designate) will report these as Alberta cases.

  **Note: the 30-day threshold is arbitrary and should be assessed case-by-case.*
- **Non-Canadian residents with chronic notifiable diseases**
  - If a non-Canadian resident (e.g., visitors, short-term stays) is diagnosed in Alberta with a ***chronic notifiable disease*** (e.g., hepatitis B and C), the MOH (or designate) must forward the initial NDR to the CMOH (or designate) within the appropriate reporting timelines.
- **Information to forward to the CMOH (or designate)**
  - Submit the following information via fax or electronic submission (e.g., CDOM or email) as soon as possible and within the disease-specific reporting timelines (See Public Health Disease Management Guidelines). For FMP cases, also provide a phone call heads-up to the PPHS nurse-on-call. The information should include:
    - Name
    - Date of birth
    - Out-of-province health care number
    - Out-of-province address and phone number
    - Positive laboratory report (if applicable)
    - Other relevant clinical or epidemiological information (e.g., travel history, immunization history).
- **Unresolved source of infection or unable to contact**

  If the likely source of infection cannot be determined, or if the investigator is unable to contact the individual, consult PPHS on a case-by-case basis for next steps.

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Indigenous Services Canada (ISC) Cases

All laboratory reports for notifiable communicable diseases are sent to the MOH (or designate) where the case resided at the time of diagnosis. If the case's address is unavailable, send the report to the MOH of where the requesting physician's office is located.

The public health investigator who receives the laboratory report will:

- Determine whether the case resides on reserve.
- If so, forward the laboratory report to the ISC MOH (or designate) within one working day.
- For FMP notifiable diseases, contact the ISC MOH (or designate) via established processes, and notify the nurse at the appropriate First Nations Community Health Centre as soon as possible.
- Forward any subsequent laboratory reports related to the case (e.g., sub-typing results) to the ISC MOH (or designate) within one working day.

Amendments to Previously Reported Cases

An amended NDR/DI forms should be submitted when:

- New information becomes available, or
- Previously reported information changes.

Examples of situations requiring an amended NDR/DI form include:

- 'Not a case' – indicate the reason why in the comments field (Section 8 of the NDR form or DI Summary Notes field in Communicable Disease and Outbreak Management [CDOM]).
- Species or strain differentiation is received after initial reporting.
- Case is linked to an outbreak AFTER the initial NDR has been submitted.
- Subsequent lab reports are received greater than or equal to three months after the initial report, if considered part of the same infection.

Cross-over Diseases

A few diseases are called 'cross-over' diseases because information from both the enteric and non-enteric fields are considered mandatory. These diseases are identified in Appendix 2: NDR Form Mandatory Field Reporting Matrix and are as follows.

- Anthrax
- Botulism
- Creutzfeldt-Jakob Disease (Variant only)
- Histoplasmosis
- Legionellosis
- Listeriosis
- Mpox
- Plague
- Rabies
- Rare or Emerging Communicable Disease
- Tularemia

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Disease-Specific Reports for Diseases Under Enhanced Surveillance

This section is for reference only. These diseases are reported solely through enhanced surveillance (ESR) forms; however, some systems (e.g., CDOM) may require the NDR form for notification purposes. All ESR forms and supporting documentation are available on the PPHS website at: www.alberta.ca/notifiable-disease-guidelines.aspx.

Table 3: Diseases Under Enhanced Surveillance

Disease	NDR Required?	Enhanced Surveillance Report Form
Carbapenemase-Producing Organism (CPO)	NO	CPO Report
COVID-19 Influenza, Seasonal Respiratory Syncytial Virus (RSV)	NO	COVID-19/Seasonal Influenza/RSV Death and Hospitalized Case Report
Chlamydia (perinatal) Cytomegalovirus, Congenital Gonorrhea (perinatal) Herpes Simplex, Neonatal Toxoplasmosis, Congenital Varicella (Chickenpox), Congenital and Neonatal	NO	Perinatally-Acquired Notifiable Disease Enhanced Report
Human Immunodeficiency Virus (HIV)	NO	HIV Case Report
Listeriosis	**YES**	PHAC Invasive Listeria Questionnaire
Mpox	**YES**	PHAC Monkeypox Case Report form
Severe Acute Respiratory Illness (SARI) and Other Novel Respiratory Pathogens	NO	PHAC Emerging Respiratory Pathogens and Severe Acute Respiratory Infection (SARI) Case Report Form
Sexually Transmitted Infections	NO	Notification of Sexually Transmitted Infections
Tuberculosis	NO	Active Tuberculosis Case Report Form and Treatment Outcome Form

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Minimum Mandatory Fields

The following are the general minimum mandatory fields to be completed on the NDR form for ALL diseases, even if 'Unable to contact/Lost to follow-up'.

Section 1 – Personal Identifiers

- Lives on Reserve
- Identifier Code
- PHN/Other Identifier
- Birth Date
- Sex
- Name
- Street Address
- Municipality
- Province
- Postal Code

Section 2 – Disease Descriptors and Laboratory Test Details

- Disease Name
- ICD Code
- Diagnosis (as per case definition)
- Case/Carrier – for Hepatitis B/C, Paratyphoid/Typhoid Fever and Rare or Emerging Communicable Disease (if applicable)
- Onset Date
- Date of Diagnosis
- Lab Diagnosis
- Hospitalized
- Outbreak Associated
- EI# (ProvLab or public health professional assigned)
- EPI linked
- NDR #

Section 3 – Immigration and Travel Details

- If case is 'Unable to Contact/Lost to follow-up' and/or any of these sections is unknown, enter 'No" and proceed to the next section. Refer to Section 3 – Immigration and Travel Details for more information.
- Section 3A –'Was illness likely acquired while residing outside of Canada?'
- If 'No' to Section 3A – then Section 3B 'Was illness likely acquired during travel outside of Alberta?' is mandatory.
- If 'No' to Section 3B – then Section 3C 'Was illness likely acquired during travel or stay at an alternate municipality within Alberta?' is mandatory.

Section 8 – Additional Information/Reporting

- Submitter
- Phone
- Date reported

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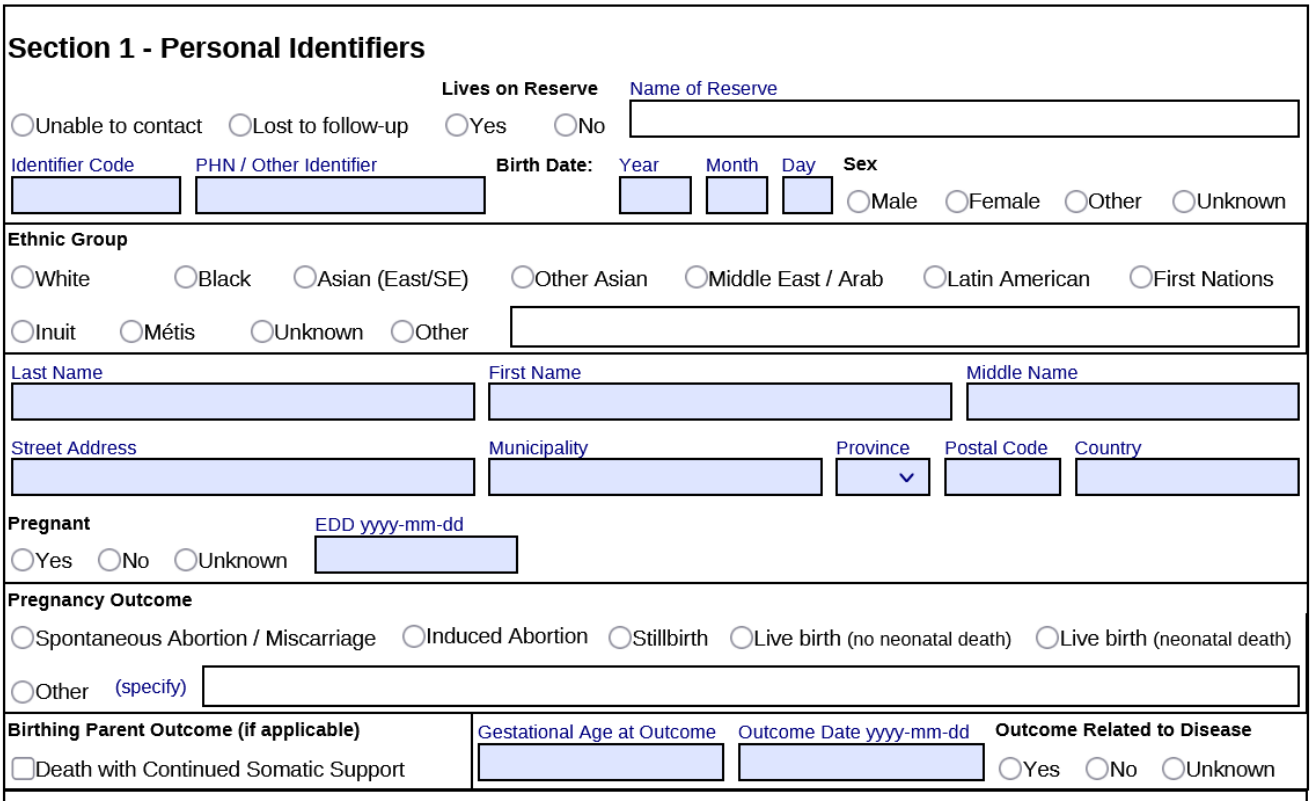
Section 1 – Personal Identifiers

This section provides nominal data for the case being reported. It is used in determining the demographics of a notifiable disease case and prevents duplication in reporting.

This section includes the following:

- Unable to contact/Lost to follow-up
- Lives on Reserve
- Name of Reserve
- Identifier Code
- PHN / Other Identifier
- Birth Date
- Sex
- Ethnic Group
- Name
- Address
- Municipality
- Province
- Postal Code
- Country
- Pregnant, EDD
- Pregnancy Outcome
- Birthing Parent Outcome (if applicable)
- Gestational Age at Outcome
- Outcome Date
- Outcome Related to Disease



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Unable to contact/Lost to follow-up

Description: Indicates that direct voice contact with the case or proxy (e.g., next-of-kin) was not possible or insufficient to complete all mandatory fields on the NDR form. Use all available reliable sources (e.g., electronic systems, physicians, etc.) to gather required data.

Reporting Requirement: Conditional

Instructions:

- Select the appropriate box.
- If selected:
  - The minimum mandatory fields in Sections 1, 2, 3A and 8 are still required for all diseases (See Minimum Mandatory Fields).
- Complete the Case/Carrier field in Section 2 for the following diseases:
  - Hepatitis B
  - Hepatitis C
  - Paratyphoid Fever
  - Rare or Emerging Communicable Disease (if applicable)
  - Typhoid Fever

Definitions	
Unable to contact	Attempts were made to reach the case or proxy, but no direct contact was made. Use other sources (e.g., electronic databases, clinic records, physician) to complete the NDR form.
Lost to follow-up	Initial contact was made with case or proxy, but subsequent follow-up attempts were unsuccessful. Use other sources to complete the NDR form.

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Lives on Reserve

Description: Indicates whether the case resides on or off a reserve at the time of diagnosis. This information helps identify cases under the mandate of ISC.

Reporting Requirement: Mandatory

Instructions:

- Select the appropriate box and enter the name of reserve as applicable.

Definitions	
No	Case does not reside on reserve.
Yes	Case resides on reserve.
If yes, name of reserve	Name the reserve the case resides at on the diagnosis date.

Reserve Name	
Alexander	Kapawe'no
Alexis	Kehewin
Bearspaw (Eden Valley)	Loon River
Beaver Lake	Louis Bull
Beaver (Boyer River)	Lubicon Lake (Little Buffalo)
Bigstone	Maskwacis
Blood (Standoff)	Maskwacis - Erminskin
Bushe River	Maskwacis - Samson
Calling Lake	Meander River
Chateh (Assumption, Hay Lakes)	Mini Thni (Stoney)
Chipewyan Prairie (Janvier)	Montana
Cold Lake	O'Chiese
Driftpile	Paul
Duncan's	Peerless Trout
Enoch	Piikani (Brocket)
Fort Chipewyan	Saddle Lake
Fort Chipewyan (Athabasca Chipewyan)	Sawridge
Fort Chipewyan (Mikisew)	Siksika
Fort McKay	Sturgeon Lake
Fort Mcurray (Gregoire Lake)	Sucker Creek
Fox Lake	Sunchild
Frog Lake	Swan River
Garden River	Tallcree
Goodfish Lake (Whitefish Lake)	Tsuut'ina
Goodstoney (Big Horn)	Tthebatthie Denesuline
Heart Lake	Whitefish Lake #459 (Atikameg)
Horse Lake	Woodland Cree (Cadotte Lake)
John D'Or Prairie (Jean D'or)	

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Identifier Code

Description: Indicates the issuer (e.g., province/territory/organization) of the health identifier (e.g. PHN) for the case.

Reporting Requirement: Mandatory

Instructions:

- Enter the appropriate code (e.g., 'AB' for Alberta resident, 'RC' for RCMP).

Identifier Codes			
AB	Alberta resident with a PHN	**SK**	Saskatchewan Health Number
BC	British Columbia Health Number	**YT**	Yukon Health Number
MB	Manitoba Health Number	***	**************************************
NB	New Brunswick Health Number	**NR**	Non-Registered Albertan
NL	Newfoundland Health Number	**UO**	Unable to Obtain (case does not know PHN)
NS	Nova Scotia Health Number	**FP**	Federal Penitentiary Inmate
NT	Northwest Territories Health Number	**TN**	Treaty Number
NU	Nunavut Health Number	**OC**	Out-Of-Country
ON	Ontario Health Number	**AF**	Armed Forces
PE	Prince Edward Island Health Number	**RC**	RCMP
QC	Quebec Health Number	**TP**	Temporary Payee Number

PHN/Other Identifier

Description: Indicates the PHN, unique lifetime identifier (ULI) or other number issued to the case.

Reporting Requirement: Mandatory if the Identifier Code is 'AB'; this field must contain a valid Alberta PHN.

Instructions:

- Enter the appropriate PHN or other identifier in this field.
- PHN is preferred for every case.
  - If PHN is not available, list ULI.
  - For correctional inmates, use corresponding correctional identification number when PHN and ULI are not available.
- If the identifier code is 'NR' or 'UO', this field must be left blank.
- For all other identifier codes, include the number if available.

Birth Date

Description: Indicates the date the case was born.

Reporting Requirement: Mandatory

Instructions:

- Enter the date of birth in the format YYYY/MM/DD.
- If only the year is known, enter the first day of the first month: **YYYY/01/01**.
- If the year and month of birth are known but not the day, enter the first day of the month: **YYYY/MM/01**.

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Sex

Description: Indicates the biological sex of the case. This field does not capture gender identity.

Reporting Requirement: Mandatory

Instructions:

- Select the appropriate box based on biological sex as reported or documented.
- If the case identifies as a different gender, note this in the comments section (if available).

Definitions	
Male	Biological sex reported as male.
Female	Biological sex reported as female.
Unknown	Used when biological sex cannot be determined (e.g., refusal, no contact made, not reported in lab results, electronic record, or by physician).
Other	Biological sex does not fit 'male' or 'female.' Includes individuals with intersex conditions or who have undergone surgical/chemical gender changes.

Ethnic Group

Description: Indicates the ethnic background the case most identifies with. Ethnic group refers to a population characterized by shared social and cultural traditions, common history or origin, and often a sense of identification with the group. These features may influence health and disease experiences.

Reporting Requirement: Conditional – Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix

Instructions:

- Select the appropriate box.
- If the field is not mandatory and information is unavailable, leave blank.

Definitions	
White	As reported by case.
Black	As reported by case.
Asian (East, SE)	As reported by the case – Includes individuals from East and Southeast Asia (e.g., Brunei, Cambodia, China, Indonesia, Japan, Laos, Korea, Malaysia, Mongolia, Myanmar (formerly Burma), Philippines, Singapore, Thailand, Timor-Leste and Vietnam).
Other Asian	As reported by the case – Includes individuals from South and Central Asia (e.g., Afghanistan, Bangladesh, Bhutan, India, Iran, Kazakhstan, Kyrgyzstan, Maldives, Nepal, Pakistan, Sri Lanka, Tajikistan, Turkmenistan, and Uzbekistan).
Middle East/Arab	As reported by the case – Includes individuals from West Asia (e.g., Algeria, Armenia, Azerbaijan, Bahrain, Cyprus, Egypt, Georgia, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Northern Cyprus, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, Turkey, United Arab Emirates and Yemen).
Latin American	As reported by the case – Includes Mexico, Central/South America, etc.
First Nations	As reported by the case – Includes both Treaty/Status and Non-Status.
Inuit	As reported by case.
Métis	As reported by case.
Unknown	The ethnic group is not known.
Other	Ethnic group reported by case is not listed. Provide details to accompanying field.

Classification: Public

Name

Description: Indicates the legal name of the case.

Reporting Requirement: Mandatory: First and Last name
Conditional: Middle name

Instructions:

- Complete the first and last name of the case and middle name if available.

Definitions	
Last name	The legal surname of the case.
First name	The legal given name of the case.
Middle name	The middle name of the case.

Street Address

Description: Indicates the street address, municipality, province, and country where the case physically resided on the diagnosis date.

Reporting Requirement: Mandatory: Address (street or mailing), Municipality, Province, and Postal Code
Conditional: Country

Instructions:

- Enter the street or mailing address (including postal box number), municipality, province, postal code, and country.
  - If the street or mailing address is unavailable, provide the legal land description (e.g., range road, township road).
- If the case is considered homeless/unhoused:
  - Enter 'No fixed address' or 'NFA' in the street address field.
  - Enter the general delivery postal code for the municipality/area where the case diagnosed.
  - Indicate 'Homelessness' box under Social Behaviour/Conditions in Section 4 – Enterics and Non-Enterics.
- If the postal code is not known, enter the general delivery postal code for the municipality/area where the case was diagnosed.
- For out-of-province cases:
  - Complete the Street Address, Municipality and Province fields.
  - All other address fields are optional.
- For out-of-country cases:
  - Complete the Street Adress and Country fields.
  - All other address fields are optional.

Definition	
Municipality	Includes city, town, village, municipal district, improvement district, Métis settlement, specialized municipality, specialized area, or summer village.

Note: *If location is outside a municipality (e.g., Old MacDonald Farm), indicate the nearest municipality (e.g., Erskine).*

Classification: Public

Pregnant

Description: Indicates whether the individual was pregnant at the time of symptom onset (i.e., onset date) or, for carriers (e.g., hepatitis B or hepatitis C), on the diagnosis date.

Reporting Requirement: Mandatory

Instructions:

- Select the appropriate box.
- When the pregnancy status is not applicable, leave the field blank.
- If 'Yes' is selected, complete the 'Estimated Date of Delivery (EDD)' in YYYY-MM-DD.

Definitions	
Yes	The case was pregnant at time of symptom onset or diagnosis.
No	The case was not pregnant.
Unknown	Investigator is unable to confirm the pregnancy status of the case.

Pregnancy Outcome

Description: Indicates the outcome of the pregnancy for the case.

Reporting Requirement: Conditional – Required for select notifiable diseases if 'Pregnant' is indicated as "Yes". Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix

Instructions:

- Select the appropriate box.
- Complete the following fields in this section:
  - 'Gestational Age at Outcome'
  - 'Outcome Date'
  - 'Outcome Related to Disease'
- When the 'Pregnant' field is not applicable, leave this field blank.

NOTE: If not available as a selection on the form – enter "Lost to Follow-Up", "Pending" or "Unknown" in the "Other" field.

Definitions	
Spontaneous Abortion/Miscarriage	Pregnancy loss, without intervention (miscarriage) before viability (less than 20 weeks).
Induced Abortion	Intentional termination of pregnancy.
Stillbirth	Fetal death greater than or equal to 20 weeks (no signs of life at birth) or with a birth weight greater than or equal to 500 g .
Live birth (no neonatal death)	Infant born with signs of life and no neonatal death reported.
Live birth (neonatal death)	Infant born with signs of life and neonatal death reported.
Lost to Follow Up	Pregnancy outcome cannot be determined because the case could not be contacted or no additional medical records were available after reasonable follow-up attempts.
Other	Pregnancy outcome is not listed. Provide details in blank field.
Pending	The pregnancy is still ongoing, and no outcome has occurred yet.
Unknown	Pregnancy outcome can not be determined.

Classification: Public

Birthing Parent Outcome (if applicable)

Description: Indicates the birthing parent is deceased but continues to receive somatic support (e.g., ventilation, tissue perfusion) to maintain pregnancy.

Reporting Requirement: Conditional – Required for select notifiable diseases if 'Pregnant' is indicated as "Yes". Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix

Instructions:

- Select the appropriate box.
- Complete all fields in this section:
  - 'Gestational Age at Outcome'
  - 'Outcome Date'
  - 'Outcome Related to Disease'.
- If the ''Pregnant' field is not applicable, leave this field blank.

Notes:

- If the birthing parent is deceased, and not on continued somatic support, refer to the 'Fatal' and associated sections.
  - If fetal death also occurs, this should be indicated in the 'Pregnancy Outcome' field on a case-by-case basis as determined by the MOH in consultation with the attending physician.

Gestational Age at Outcome

Description: Indicates the gestational age (in weeks) of the fetus or neonate at the time of pregnancy outcome.

Reporting Requirement: Conditional – Required for select notifiable diseases if 'Pregnant' is indicated as "Yes". Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix

Instructions:

- Enter the gestational age (in weeks)
  - If not known, enter 0.
- If the 'Pregnant' field is not applicable, leave this field blank.

Outcome Date

Description: Indicates the date of the pregnancy outcome occurred.

Reporting Requirement: Conditional – Required for select notifiable diseases if 'Pregnant' is indicated as "Yes". Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix

Instructions:

- Enter the date of the pregnancy outcome.
- If the Pregnancy field is not applicable, leave this field blank.

Classification: Public

Outcome Related to Disease

Description: Indicates whether the pregnancy outcome is related to the disease being reported on the NDR form.

Reporting Requirement: Conditional – Required for select notifiable diseases if 'Pregnant' is indicated as "Yes". Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix

Instructions:

- Select the appropriate box.
- When the 'Pregnant' field is not pertinent, leave the field blank.

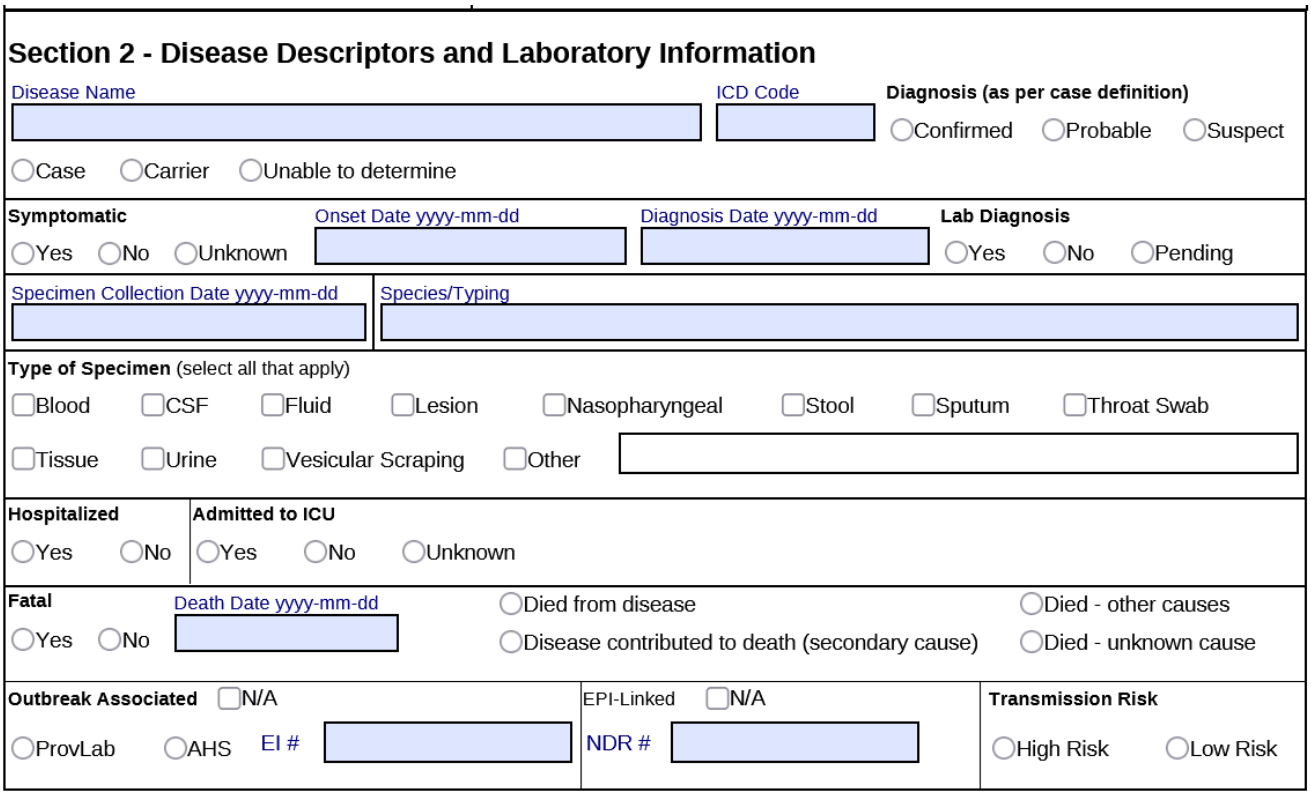
Definitions	
Yes	Pregnancy outcome is related to the reported disease.
No	Pregnancy outcome is not related to the reported disease.
Unknown	It is unknown if the pregnancy outcome is related to the reported disease.

Classification: Public

Section 2 – Disease Descriptors and Laboratory Information

This section identifies disease-specific parameters and characteristics of the disease being reported and includes the following:

- Disease Name
- International Classification of Disease (ICD) Code
- Diagnosis (as per case definition)
- Case/Carrier
- Symptomatic
- Onset Date
- Diagnosis Date
- Lab Diagnosis
- Specimen Collection Date
- Species/Typing
- Type of Specimen
- Hospitalized
- Admitted to ICU
- Fatal/Death Date/Cause of Death
- Outbreak Associated
- EPI-Linked
- Transmission Risk



Classification: Public

Disease Name

Description: Indicates the name of the notifiable disease being reported

under either the *CDR* or Section 15 of the *PHA*.[1,2]

Reporting Requirement: Mandatory

Instructions:

- Enter the name of the disease being reported.
- Complete and submit a separate NDR form for each notifiable disease diagnosed in the person.
- If more than one species of a notifiable disease (e.g., serotype, emmtype, serogroup) is identified in the same person, completed and submit a separate NDR form for each species. Refer to the Species field for more information.

ICD Code

Description: Indicates the disease code as per the ICD code.

Reporting Requirement: Mandatory

Instructions:

- Enter the ICD Code for the disease being reported.
  - Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix for list of ICD codes.

Diagnosis (as per case definition)

Description: Indicates the case classification of the notifiable disease at time of reporting.

Reporting Requirement: Mandatory

Instructions:

- Select the appropriate box.
- Refer to the disease-specific case definitions to determine the correct classification.

Definitions	
Confirmed	Meets the disease-specific confirmed case definition as defined in Alberta Public Health Notifiable Disease Management Guidelines.
Probable	Meets the disease-specific probable case definition as defined in Alberta Public Health Notifiable Disease Management Guidelines.
Suspect	Meets the disease-specific suspect case definition as defined in Alberta Public Health Notifiable Disease Management Guidelines.

Classification: Public

Case/Carrier

Description: Indicates whether the person is an acute case or a carrier of the notifiable disease.

Reporting Requirement: Mandatory for the following diseases:

- Hepatitis B
- Hepatitis C
- Paratyphoid Fever
- Rare or Emerging Communicable Disease (if applicable)
- Typhoid Fever

Instructions:

- Select the appropriate box.
- Completion of this field is mandatory even if 'Lost to Follow-up' or 'Unable to Contact' was selected in Section 1.
  - Every effort should be made to determine case/carrier status.
  - If status cannot be determined, enter 'Unable to determine'.

Definitions	
Case	The person meets the case definition for an acute case.
Carrier	The person does not meet the case definition for an acute case and meets the case definition for chronic carrier.
Unable to determine	• The person partially meets the acute case and the chronic carrier case definitions; however, not enough information is available to make a final determination. • Generally, this selection should only be used if the case is unable to be contacted and there is insufficient information available through other sources (physician, electronic record) to make a final determination.

Disease-Specific Case/Carrier Reporting Rules:

Disease	Number of NDRs	Action
Hepatitis B	• One	• If case becomes a carrier, submit an **amended NDR form** with carrier diagnosis date. • If unable to determine, explain why in Comments. For example, 'Unable to contact client or physician, unable to obtain further bloodwork, therefore unable to determine status'.
Hepatitis C	• One	• Report **only once** as either acute or chronic. • Do **not** submit amended form if infection clears. • If unable to determine, explain why in Comments.
Paratyphoid Fever	• Two	• Submit an NDR for both case and carrier. • If case becomes a carrier, complete a **new NDR**.
Rare or Emerging Communicable Disease	• Two	• Submit an NDR for both case and carrier. • If case becomes a carrier, complete a **new NDR**.
Typhoid Fever	• Two	• Submit an NDR for both case and carrier. • If case becomes a carrier, complete a **new NDR**.

Classification: Public

Symptomatic

Description: Indicates whether the case had symptoms of the notifiable disease being reported.

Reporting Requirement: Mandatory

Instructions:

- Select the appropriate box.

Definitions	
Yes	The case was symptomatic for the disease being reported.
No	The case was not symptomatic for the disease being reported.
Unknown	Investigator is unable to confirm if the case was symptomatic.

Onset Date

Description: Indicates the date symptoms of the notifiable disease first appeared.

Reporting Requirement: Mandatory

Instructions:

- Enter the onset date.
- If only year, month and week are known, enter the first day of the week (i.e. Monday).
- If year and month are known, enter the first day of the month.
- If onset date is unknown, enter the specimen collection date.
- If the case was asymptomatic, enter the 'Specimen Collection Date' and mark 'No' box in the 'Symptomatic' field.

Notes: Onset date must be equal to or prior to the 'Specimen Collection Date'.

Classification: Public

Diagnosis Date

Description: Indicates the date the disease was diagnosed by laboratory testing or clinically (if no lab testing available).

Reporting Requirement: Mandatory

Instructions:

- Enter the diagnosis date.
- General Rule: The diagnosis date must be equal to or later than the specimen collection date or the onset date.
- For cases with a lab report:
  - Use the diagnosis date if known (e.g., lab report date or clinician diagnosis date).
  - If unknown, enter specimen collection date.
- For cases without a lab report (e.g., clinical or epi-link):
  - Use the date the case was diagnosed by a clinician, or
  - The date the investigator identified them as an epi-linked case.

  Note: For epi-linked cases, the diagnosis date must be equal to or later than the diagnosis date of the confirmed case that it is linked to.

Out-of-Province Hepatitis B/C Infections

Disease	Likely Diagnosed Elsewhere	Public Health Partner Action	PPHS Action
Chronic diseases (Hep B, Hep C)	Out-of-Country	• Use the 'Specimen Collection Date' from the most recent Alberta laboratory report as the 'Diagnosis Date'. • Submit a new NDR/DI.	• Receipt of NDR/DI
Hepatitis B Carriers	Out-of-Province	In Comments section: • Enter date and province/territory of diagnosis as identified by client. • No new NDR/DI required.	• Added to Hep B prior list
Hepatitis C	Out-of-Province	In Comments section: • Enter date and province/territory of diagnosis. • If case has NOT been reported in another province/territory, complete and submit an NDR/DI.	• Contact most jurisdictions to confirm if case was previously reported. • Notify Public Health Partner whether case was previously reported or not.

Classification: Public

Lab Diagnosis

Description: Indicates whether a laboratory specimen was collected to confirm the diagnosis.

Reporting Requirement: Mandatory

Instructions:

- Select:
  - 'Yes' if a lab specimen was collected and confirms the case as per the case definition.
  - 'No' if a lab specimen is not required for diagnosis (i.e., clinical-based diagnosis).
- If results are pending, submit an amended NDR once results are known.

Definitions	
No	No specimen was collected. Diagnosis is based on clinical symptoms.
Yes	A specimen was collected and used to confirm diagnosis.
Pending	A specimen was collected, and a clinical diagnosis was made but lab results are pending.

Specimen Collection Date

Description: Indicates the date the specimen was collected.

Reporting Requirement: Mandatory if Lab Diagnosis is 'Yes' or 'Pending'.

Instructions:

- Enter the date the specimen was collected.
- If unavailable or unknown, enter the date the specimen was received by the lab.
- The 'Specimen Collection Date' must be equal to, or later than, the 'Onset Date'.

Classification: Public

Species/Typing

Description: Indicates the strain differentiation or species differentiation (e.g., serotype, serogroup, sequence type, subtype, WGS, emm-type).

Reporting Requirement: Conditional – Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix.

Instructions:

- Enter the species/strain differentiation from the laboratory report, if known at the time the NDR form is submitted.
  - If received after NDR form submission, submit an amended NDR form.
- If more than one species is identified, submit a separate NDR form for each species identified.
  - This occurs more commonly with malaria, pneumococcal disease and salmonellosis.
  - Exception: For Streptococcal Disease-Group A, Invasive cases with more than one subtype of the same emm-type (e.g., 89.2 and 89.0), only one NDR form is required. Indicate both emm-type subtypes in the species field.
- If speciation is not performed or available, enter 'Not available'.
- For non-laboratory confirmed cases, use the same species as the laboratory-confirmed case it is epi-linked to. See 'Epi-linked' field for more details.
  - Always refer to the disease-specific guideline to confirm whether epi-linkage is part of the confirmed or probable case definition.
- Leave the species field **blank** if:
  - The species/strain is reported as an undifferentiated type (e.g., amoebiasis).
  - There is only one species associated with reporting (e.g., *Giardia lamblia*, *Bordetella pertussis, measles*), leave the species field blank.

Definitions	
Not available	Speciation/strain differentiation will not be available or is not performed by the laboratory.

Type of Specimen

Description: Indicates the specific sample(s) collected for diagnosis.

Reporting Requirement: Mandatory if 'Lab Diagnosis' is 'Yes' or 'Pending'.

Instructions:

- Select all applicable specimen types.
- If 'Other' is selected, provide additional details in the space provided.
- Ensure 'Specimen Type' is appropriate for the disease and meets the case definition (e.g., sterile sites vs non-sterile sites for invasive diseases).

Classification: Public

Hospitalized

Description: Indicates whether the case was hospitalized due to the notifiable disease.

Reporting Requirement: Mandatory

Instructions:

- Select the appropriate box.
- If 'Yes' is selected, ensure that the appropriate field (e.g., 'Yes') has been completed in the 'Symptomatic' field.
  - Rationale: if a person is hospitalized for the disease being reported they should have symptoms for that disease
- If 'Unable to Contact/Lost to Follow-Up':
  - Select 'Yes' if hospitalization is known (from physician, case chart, electronic database and records from other jurisdictions).
  - Indicate 'No' if all attempts to confirm hospitalization have been made and no information has been found.

Definitions	
No	Not admitted as an inpatient for the disease being reported, (e.g., ER visit only), or is already an inpatient (for another reason) and this having this new disease did not change their health status or increase duration of stay.
Yes	Admitted as an inpatient to hospital overnight for the disease being reported or is already an inpatient (for another reason) and having this new disease changed their health status or increase in duration of stay.

Admitted to ICU

Description: Indicates whether the case was admitted to an ICU as a result of the disease.

Reporting Requirement: Mandatory

Instructions:

- Select the appropriate box.
- If 'Unable to Contact/Lost to Follow-up':
  - Select 'Yes' if admission to an ICU is known.
    - This information may be obtained from the case's physician, case chart, electronic databases and records from other jurisdictions.
  - Select 'No' if all attempts to confirm ICU admission have been made and no information has been found.

Definitions	
No	Not admitted to the ICU for the notifiable disease being reported, or was already in the ICU for another illness and the new disease diagnosis did not change their clinical status or increase their ICU stay.
Yes	Admitted to the ICU for the notifiable disease being reported or was already in the ICU for another reason and the new disease diagnosis resulted in a change in clinical status or extended their ICU stay.
Unknown	ICU admission status cannot be confirmed.

Classification: Public

Fatal/Death Date/Cause of Death

Description: Indicates whether the case died and records the date and cause of death.

Reporting Requirement: Conditional

Instructions:

- Select the appropriate box.
- If 'Fatal' = 'Yes', enter the 'Death Date'.
- If both 'Fatal' and 'Death Date' are completed, 'Cause of Death' becomes a mandatory field (even if "Unknown").

Notes:

- Cases with a cause of death reported as "Unknown" are flagged for review by PPHS; death certificates are requested from Vital Statistics and reviewed by PPHS nursing staff.

Definitions	
Died from disease	Death was a direct result of the disease being reported.
Disease contributed to death (secondary cause)	Disease contributed to but was not the primary cause.
Died – other causes	Death was unrelated to the disease.
Died – unknown cause	Cause of death not yet known or identified.

Outbreak Associated

Description: Indicates if this case is associated with an outbreak. The unique exposure investigation (EI) number may be assigned by:

- The ProvLab, or
- Internally by public health professional

Reporting Requirement: Mandatory

Instructions:

- If associated with an outbreak and the EI number was obtained from the ProvLab, select 'ProvLab'.
- If associated with an outbreak and the EI number was assigned internally by the public health professional, select 'AHS'.
- If *not* associated with an outbreak, select 'N/A'.
  - This includes cases currently or previously linked to an outbreak that has since been determined to be "not an outbreak".

Definitions	
Outbreak	A distribution of cases of a communicable disease that is unusual in terms of time, place or persons affected as per *Alberta Communicable Diseases Regulation*.[3]

Classification: Public

EPI-Linked

Description:

- Indicates whether the case is epidemiologically linked (epi-linked), by person, place, or time to a laboratory-confirmed case for the same disease. This helps identify the scope of a disease cluster or outbreak.

Reporting Requirement: Mandatory

Instructions:

- If epi-linked, enter the NDR/DI number of the linked laboratory confirmed case.
  - Always refer to the disease-specific guideline to confirm whether epi-linkage is part of the confirmed or probable case definition.
- In outbreaks only:
  - Cases may be linked to an outbreak even if epi-linkage is not required for confirmation.
  - If epi-linkage cannot be determined after investigation, enter the NDR/DI number of the **first laboratory-confirmed case** in the outbreak**.**
- Do not link a case to itself, except when two related but separately notifiable diseases occur in the same person (e.g., case of STEC and HUS).
- If not applicable, select 'N/A'.

Definition	
Epidemiological Link	• There is at least one laboratory-confirmed case **and** a plausible mode of transmission between a laboratory-confirmed case and a probable case during the period of communicability; **OR** • There is at least one laboratory-confirmed case **and** a common source exposure during the period of communicability (e.g., shared event, travel).

Classification: Public

Transmission Risk

Description: Indicates whether the case poses a higher risk of transmitting the disease to others based on occupation or activities.

Reporting Requirement: Conditional – Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix

Instructions:

- Select the appropriate risk level based on definitions below.
- If not applicable, select 'N/A'.

Definitions	
High Risk	A person in a Sensitive Situation or Occupation (SSO) that puts them at higher risk of transmitting the disease to others.
Low Risk	A person who is not in a SSO or is in a SSO but has been determined by the MOH to no longer be at higher risk of transmitting the disease to others.

Sensitive Situations or Occupations (SSO)

SSO	Activities
Food handler[B]	• Touches unwrapped food[C] to be consumed, and/or • Handles equipment or utensils that touch unwrapped food to be consumed.*
Health care, child care or other staff	• Has contact through serving food to patients or persons in whom an intestinal infection would have particularly serious consequences. • Provides direct patient care or is involved in the care of young children, elderly or dependent persons.
Child attending a child care facility or similar facilities	• Individuals who are diapered, incontinent, or require assistance with toileting.
Any individual (older child or adult)	• Individuals who are diapered, incontinent, or require assistance with toileting.

∗ *Note: Generally, food handlers who do not touch food, equipment or utensils in this way are not considered to pose a transmission risk; however, circumstances for each case should be assessed on an individual basis.*

[B] Refer to the Alberta Food Regulation for definitions of "food handler" and "handle".
[C] Refer to the Alberta Food Regulation for definition of "food".

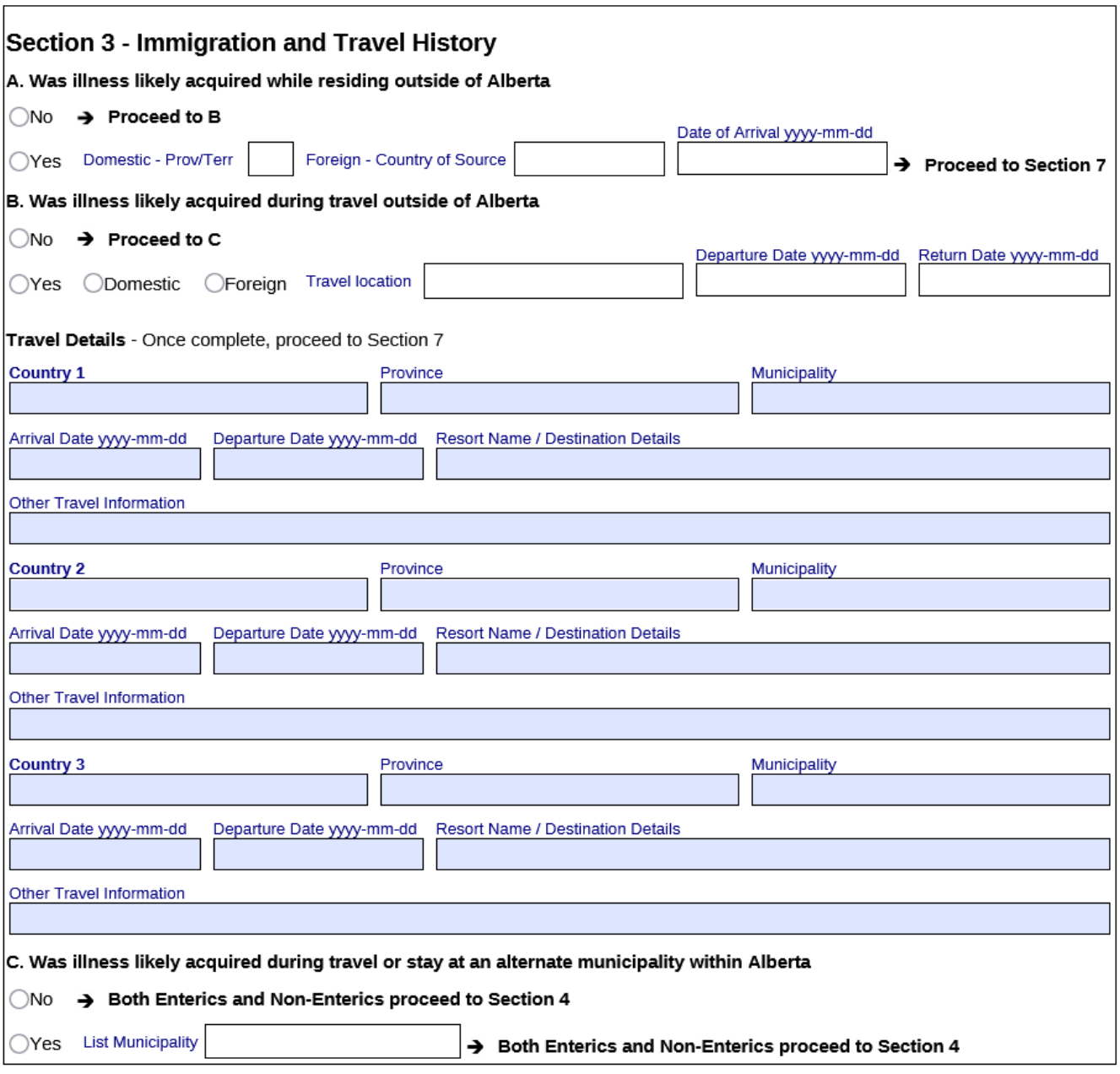
Classification: Public

Section 3 – Immigration and Travel History

This section Indicates when a notifiable disease is acquired as a result of residing or travelling outside of Alberta or travelling/staying in a different municipality within Alberta.

This section has three separate sections to address:

- A. Was illness likely acquired while residing outside of Alberta
- B. Was illness likely acquired during travel outside of Alberta
  - Travel details (for select notifiable diseases, see Appendix 2: NDR Form Mandatory Field Reporting Matrix)
- C. Was illness likely acquired during travel or stay at an alternate municipality within Alberta



Section 3 - Immigration and Travel History

A. Was illness likely acquired while residing outside of Alberta

No ➔ Proceed to B

Yes Domestic - Prov/Terr | Foreign - Country of Source | Date of Arrival yyyy-mm-dd ➔ Proceed to Section 7

B. Was illness likely acquired during travel outside of Alberta

No ➔ Proceed to C

Yes Domestic Foreign Travel location | Departure Date yyyy-mm-dd | Return Date yyyy-mm-dd

Travel Details - Once complete, proceed to Section 7

Country 1 | Province | Municipality

Arrival Date yyyy-mm-dd | Departure Date yyyy-mm-dd | Resort Name / Destination Details

Other Travel Information

Country 2 | Province | Municipality

Arrival Date yyyy-mm-dd | Departure Date yyyy-mm-dd | Resort Name / Destination Details

Other Travel Information

Country 3 | Province | Municipality

Arrival Date yyyy-mm-dd | Departure Date yyyy-mm-dd | Resort Name / Destination Details

Other Travel Information

C. Was illness likely acquired during travel or stay at an alternate municipality within Alberta

No ➔ Both Enterics and Non-Enterics proceed to Section 4

Yes List Municipality ➔ Both Enterics and Non-Enterics proceed to Section 4

Classification: Public

A. Was illness likely acquired while residing outside of Alberta

Description: Indicates whether the case likely acquired the disease prior to arriving in Alberta – either before immigrating to Canada or while residing in another Canadian province or territory. This information helps identify changes in disease epidemiology related to migration into Alberta.

Reporting Requirement: Mandatory for all cases.

Instructions:

- Select Yes or No.

  If No: Proceed to Section B.

  If Yes:

  - Specify:
    - **Domestic** and Province/Territory within Canada, **or**
    - **Foreign** and 'Country of Source' outside of Canada.
  - Enter:
    - **'Date of arrival'** in Alberta (if moved from another Canadian province or territory).
    - **'Date of arrival'** in Canada (if immigrated; may differ from Alberta arrival date).

  If **unknown** and/or case is 'Unable to Contact/Lost to follow-up':

  - The Alberta Health Care Insurance Program (AHCIP) registry effective date as a proxy, but flag this in the comments field. For example: *"Arrival date unknown; used AHCIP effective date as proxy."*
  - If still unknown, enter 'No" and proceed to Section B.
- Proceed to Section 7 - Disease Specific Immunization and Pre or Post Exposure Prophylaxis History.

Notes:

- If only the year is known, enter the first day of the first month, (e.g., 2025-01-01).
- If only the year and month are known, enter the first day of the month (e.g., 2025-09-01).

Definitions	
Domestic	Canadian province or territory where the disease was most likely acquired, based on the incubation period of the disease being reported.
Foreign	The country (outside of Canada) where the disease was most likely acquired, based on the incubation period of the disease being reported.
Date of Arrival	The date the case arrived in Canada, if emigrating from outside of Canada. If unknown, enter the date of arrival in Alberta.

Classification: Public

B. Was illness likely acquired during travel outside of Alberta

Description: Indicates whether the case likely acquired the disease during travel outside of Alberta, based on the incubation period and the characteristics of the disease being reported.

Reporting Requirement: Mandatory if section A = 'No'

Instructions:

- Select Yes or No.

  If No: Proceed to Section C.

  If Yes:

  - Indicate whether the disease was acquired while travelling:
    - Within Canada (Domestic) or
    - Outside of Canada (Foreign).
  - Specify the travel location where illness was most likely acquired (even if multiple stops).
  - Enter:
    - 'Departure Date' from and 'Return Date' to Alberta.
  - Enter the **Travel Details** (see table below) for select notifiable diseases as identified in Appendix 2: NDR Form Mandatory Field Reporting Matrix.
    - Once completed, proceed to Section 7 – Disease Specific Immunization and Pre or Post Exposure Prophylaxis History for applicable diseases.

  If **unknown** and case is 'Unable to Contact/Lost to follow-up': Enter 'No" and proceed to Section C.

Definitions	
Domestic: travel location	Canadian province or territory (outside Alberta) where illness was most likely acquired, based on incubation period.
Foreign: travel location	Country outside Canada where illness was most likely acquired, based on incubation period.
Departure Date	Date the case left Alberta. *Note: May differ from the Travel Table's 'Date arrived at location' (e.g., departed Alberta March 21, arrived at destination March 23 due to layovers).*
Return Date	Date the case returned to Alberta. • If this date is unknown (e.g., case is hospital in another jurisdiction), use the 'Diagnosis Date'. *Note: May differ from the Travel Table's 'Date left location' (e.g., left location March 25, returned to Alberta March 27 due to layovers).*

Travel Details	
Country	Country outside Canada where illness was most likely acquired (based on incubation period).
Province	Canadian province or territory (outside Alberta) where illness was most likely acquired, based on incubation period.
Municipality	Including but not limited to a city, town, village, municipal district, improvement district, Métis settlement, specialized municipality, specialized area, or summer village. *Note: If location is outside a municipality (e.g., farm), record nearest municipality (e.g., Erskine).*
Arrival Date	Date the case arrived at the location. *Note: May differ from the 'Departure from Alberta date'. For example, the case left Alberta on March 21 but did not arrive at the location until March 23 due to travel layovers.*
Departure Date	Date the case left the location. *Note: May differ from the 'Returned to Alberta date' (e.g., left location March 25, returned to Alberta March 27 due to layovers.*
Resort name/ Destination details	Where the case stayed while travelling (e.g., campground, hotel/all-inclusive, private dwelling, stayed with friends/relatives).
Other travel information	Any relevant details (e.g., attended a destination wedding, illness among other travelers or others at the hotel in which they were staying).

Classification: Public

C. Was illness likely acquired during travel or stay at an alternate municipality within Alberta

Description: Indicates whether the case likely acquired disease during travel or stay within Alberta, taking into account the incubation period of the disease being reported. This includes travel and temporary relocation within Alberta for work, recreation, post-secondary education, etc.

Reporting Requirement: Mandatory if Sections 3A and 3B = 'No'

Instructions:

- Select Yes or No.

  If No: Proceed to Section 4 – Enterics and Non-Enterics.

  If Yes:

  - List the municipality (in Alberta) where the disease was likely acquired.
    - If location is not an actual municipality (e.g., farm, campground), choose the nearest municipality and note specific location in the **Comments** field (Section 8 on NDR form or Summary Notes field in CDOM).
    - Municipality **must differ** from the address listed in Section 1.
    - Procced to Section 4 – Enterics and Non-Enterics.
- If **unknown** and case is 'Unable to Contact/Lost to follow-up': Enter 'No" and proceed to Section 4 – Enterics and Non-Enterics.

Definition	
Municipality	Including but not limited to a city, town, village, municipal district, improvement district, Métis settlement, specialized municipality, specialized area, or summer village.

Classification: Public

Section 4 – Enterics and Non-Enterics

This section identifies information required related to enteric and non-enteric diseases and addresses three specific questions:

- A. Where was the disease likely acquired
- B. Medical Risk Factors
- C. Social / Behaviour Conditions

For a current list of enteric diseases see: Appendix 3: Enteric Disease List for NDR Form
For a current list of non-enteric diseases see: Appendix 4: Non-Enteric Disease List for NDR form

A. Where was the disease likely acquired

Section 4 - Enterics and Non-Enterics (Complete A, B and C)

A. Where was disease likely acquired

◯ Acute Care Facility	◯ Community Event - Outdoor	◯ Office Setting
◯ Addictions/Recovery Facility	◯ Community Healthcare / School Support Setting	◯ Personal Services
◯ Animal Facility (AF) - Abattoir	◯ Concert / Event with Theatre-Style Seating	◯ Place of Worship
◯ AF - Farm	◯ Continuing Care Home Type A	◯ Private Dwelling
◯ AF - Intensive livestock operation	◯ Continuing Care Home Type B	◯ Private Indoor Social Event
◯ AF - Pet store	◯ Continuing Care Home Type C	◯ Private Outdoor Social Event
◯ AF - Petting zoo / Livestock event	◯ Correctional Facility	◯ Retail Store (Excluding Grocery)
◯ AF - Vet clinic / school	◯ Emergency Services	◯ School (K-12)
◯ AF - Other	◯ Fitness Facility	◯ School (Post-Secondary)
◯ Bingo Hall	◯ Food Establishment - Farmer's Market	◯ Shelter
◯ Camp - Day	◯ Food Establishment - Other	◯ Special Event
◯ Camp - Overnight (Recreational)	◯ Food Establishment - Restaurants	◯ Sporting Event - Indoor
◯ Camp - Overnight (Summer/Other)	◯ Food Establishment - Retail	◯ Sporting Event - Outdoor
◯ Camp - Work	◯ Food Processing Facility - Meat	◯ Supportive Living Accommodations
◯ Casino	◯ Food Processing Facility - Other	◯ Swimming Pool / Spray Park
◯ Child care facility	◯ Group Home	◯ Transportation / Conveyance
◯ Colony	◯ Industrial Setting	◯ Unknown
◯ Community	◯ Industrial Setting with Work Camp	◯ Other
◯ Community Event - Indoor	◯ Laboratory	Other (specify)

Description: Indicates the location where the case was most likely exposed to the organism causing the disease.

Reporting Requirement: Mandatory for enteric and non-enteric diseases acquired in Alberta.

Instructions:

- Select the most appropriate box. Select only one option.
- If any of the 'Other' fields are selected, additional details must be reported.

Classification: Public

Definitions[4]

Location	Definition
Acute care facility	A provincially funded health care facility that provides short-term, episodic medical and surgical treatment, including emergency care, inpatient care, and specialized services.
Addictions/Recovery Facility	A residential setting, licensed or unlicensed, where individuals temporarily reside while receiving support for substance use and/or mental health concerns.
Animal facility	Any facility where animals are housed, raised or handled for non-private or commercial purposes.
• **Abattoir**	Facilities where animals are slaughtered, or where animals are slaughtered and meat is prepared, packaged and stored.
• **Farm**	Agricultural facilities where livestock or fur-bearing animals are raised on agricultural lands (includes colonies).
• **Intensive livestock operation**	Facilities where livestock are confined for the purpose of growing, sustaining, finishing or breeding and are fed by means other than grazing. This does not include equestrian stables, auction markets, racetracks or exhibition grounds.
• **Pet store**	Facility that operates as a business where certain animals are offered for sale for use as a pet.
• **Petting zoo/ Livestock event**	Facilities that are open to the public and feature a combination of domestic animals and/or wild species which are docile enough to touch and/or feed. This may or may not include being displayed or judged including, but not limited to, circus, rodeo, livestock auction, equestrian event or youth camp.
• **Vet clinic/school**	Vet Clinic: Facility that provides medical treatment to domesticated and wild animals. Vet School: An educational institution that teaches individuals about veterinary science/medicine.
• **Other, Specify**	An animal facility that does not fit one of the above animal facility categories including but not limited to zoo, front end hauler (cattle hauling truck), back-end hauler/cleaner, taxidermist, pet groomer).
Bingo Hall	A facility where regularly scheduled licensed bingo events are typically held for fundraising purposes.
Camp – Day	A supervised daytime program offering educational, recreational or sporting activities for adults and/or children. Common during summer or school breaks. (e.g., municipal day camps for kayaking, hiking, cooking, arts and crafts)
Camp – Overnight (Recreational)	A site where individuals stay overnight in tents, RVs, or fixed shelters such as cabins or yurts for leisure or vacation purposes. Often includes comfort camping amenities.
Camp – Overnight (Summer/Other)	A supervised overnight camp, typically for children or teens. These camps may operate seasonally (e.g., summer) or year-round.
Camp – Work	A temporary residential facility that houses workers employed in industrial sectors such as mining, oil and gas, construction, drilling, lumbering, or resource exploration. Usually located near remote work sites.
Casino	A public facility where gambling activities are conducted, operated by either private or First Nations organizations under license. Includes games of chance such as slot machines, table games, and electronic gaming terminals
Child care facility	Site where care is provided for children (e.g., daycare centre, preschool, out of school care, and family day-home). *Note: This does not include residential care facilities for children under 18 years of age (refer to Facility Living)*
Colony	A self-contained rural settlement where members live, work, and worship together.
Community	Non-specific exposure unrelated to a specific event or location. *Note: Use when illness was likely acquired during routine daily activities (e.g., shopping, socializing, commuting) and not linked to travel or a defined outbreak setting. If no information is available, select "Unknown."*

Classification: Public

Location	Definition
Community Event – Indoor	An event or function, open to the public that takes place indoors and is not a concert, limited time fair/festival or indoor sporting event (see *Special Events* or *Sport Event – Indoor*). Examples include, but are not limited to: • Alcoholics Anonymous (AA) meeting • Church bingo • Craft fair • Indoor auction • Indoor flea market.
Community Event – Outdoor	An outdoor event or gathering open to the public that is held outdoors and is not a concert, limited time fair/festival or sporting event (see *Special Events* or *Sport Event – Outdoor*). Includes, but is not limited to: • Garage sale • Community picnics or outdoor gatherings hosted by a hall or local group.
Community Healthcare/Social Support setting	A non-residential site where health or social support services are provided outside of acute care. These settings do not include facilities where clients live or receive 24-hour care. Examples include, but are not limited to: • Community clinics • Private clinics (e.g., physician, dental, optometrist, counselling, physiotherapy, diagnostic imaging) • Support centres for people living with disabilities (e.g., Kirby Centre).
Concert/Event with Theatre-Style Seating	A seated non-sporting event open to the public, held indoors or outdoors and may or may not require tickets. Examples include, but are not limited to: • Dance production • Movie theatre • Music singer/band • Orchestral production • Theatrical production.
Continuing Care Home Type A	A publicly funded, licensed facility providing 24-hour onsite registered nurse (RN) and/or registered psychiatric nurse (RPN) care, along with personal care from licensed practical nurses (LPNs) and health care aides (HCAs). Residents typically have complex or unpredictable medical needs that cannot be safely managed at home or in a Type B setting. For more information see Alberta.ca. **Formerly:** Long-Term Care, nursing homes, or auxiliary hospitals.
Continuing Care Home Type B	A publicly funded, licensed facility offering accommodation, meals, and 24-hour onsite personal care by HCAs, with LPNs and registered nursing support (onsite or on-call) based on resident needs. Suitable for individuals with moderate health care needs who require support but not the intensive care level of a Type A facility. Includes Secure Space units for residents with dementia. For more information see Alberta.ca. **Formerly:** Designated Supportive Living (DSL 3, 4, or 4D Dementia).
Continuing Care Home Type C	A publicly funded, licensed hospice setting providing palliative or end-of-life care, delivered by an interprofessional team—including nurses, HCAs, social workers, and others. Admission is typically reserved for individuals approaching the end-of-life phase, often within the last months or weeks. For more information see Alberta.ca. **Formerly:** Publicly funded hospice care settings.

Classification: Public

Location	Definition
Correctional Facility	A secure facility used for the detention, supervision, or rehabilitation of individuals in custody. Includes, but not limited to: • Halfway houses and healing lodges, if applicable • Prisons and remand centres • RCMP detachment holding cells • Youth offender centres. *Note: Includes both temporary holding facilities and long-term incarceration sites*
Emergency Services	Public-sector organizations that provide emergency response, including police, fire, ambulance, and rescue services. Includes work-related facilities used during shifts, such as police gyms, station lounges, or paramedic depots.
Fitness facility	A facility that provides space or programs for exercise, sport, or physical activity, and may include social or recreational components. Includes, but not limited to: • Workplace gyms • Fitness centres • Group exercise classes • Dance studios.
Food Establishment – Farmers' Market	Market approved by the Ministry of Agriculture and Irrigation to operate as a recognized Alberta-approved Farmers' Market, where vendors sell food and other goods directly to the public. *Note: Only approved markets qualify under this definition. Refer to the list of approved markets at alberta.ca*
Food Establishment – Other	A facility that prepares or distributes food directly to the public but does not fall under restaurant, retail, or farmers' market categories. Examples include, but are not limited to to: • Caterers • Institutional kitchens (e.g., hospitals, schools) • Soup kitchens • Food banks.
Food Establishment – Restaurant	A facility where food is prepared and sold for immediate consumption. Includes dine-in restaurants, cafes, pubs, lounges, fast-food outlets, and take-out establishments.
Food Establishment – Retail Store (including grocery)	A commercial location where food is sold directly to consumers for off-site consumption. Examples include, but are limited to: • Grocery stores • Superstores (Walmart, Costco) • Convenience stores.
Food processing facility – Meat	A licensed plant or premises where animals are slaughtered for human consumption or where meat and meat products are processed. These products are not sold directly to the public *Note: This does not include rendering plants.*
Food processing facility – Other	A plant or premises where non-meat food or beverage products are processed for human consumption but not sold directly to the public. Examples include dairy plants, commercial bakeries, and beverage bottling facilities.
Group home	A residential supportive living facility (licensed and non-licensed) that provides meals supervision, and/or basic care to adults or children. May serve individuals with physical, cognitive, or mental health needs in a shared living environment.
Industrial Setting	A worksite where industrial activities take place without on-site accommodations for workers. Examples include, but are not limited to: • Distribution centres • Manufacturing or showroom facilities • Mining operations • Oil rig worksites • Recycling plants • Warehouses.

Classification: Public

Location	Definition
Industrial Setting with Work Camp	An industrial worksite that includes on-site accommodations (e.g., dormitories, trailers, lodges) for workers. Examples include, but are not limited to: • Construction camps • Drilling operations • Lumber camps • Manufacturing with housing • Mining • Oil Sands and oil rig sites • Resource exploration sites • Remote warehouses with worker housing.
Laboratory	A controlled environment where scientific research, experiments, tests, or analysis are conducted.
Office Setting	A room, suite, or building where commercial, professional, industrial or government business is conducted. Examples: banks, insurance offices, and administrative workplaces
Personal Services	A facility that offers services performed on the skin, hair, nails, teeth, or other parts of the body for the purpose of enhancing, preserving or altering personal appearance. Services may include: • Puncturing or cutting (e.g., piercings, tattooing) • Shaving or exfoliating • Applying pressure or suction (e.g., massage, cupping) • Inserting, implanting, attaching or removing objects • Using energy-emitting equipment (e.g., laser treatments) • Styling (e.g., hair, nails) • Applying or injecting cosmetic products. *Note: These services may be regulated under Alberta's Personal Services Regulation.*
Place of Worship	A designated structure or space where individuals or groups gather for religious, spiritual, or devotional practices.
Private dwelling	A self-contained residence with a separate entrance, typically occupied by an individual(s) or family as their primary place of living. Examples: houses, apartments, and basement suites. NOTE: Dwellings used for licensed care or communal living (e.g., group homes) should be classified under the appropriate setting.
Private Indoor Social Event	A non-commercial indoor gathering held occasionally for family, friends, or others known to the host or permit holder. These events are not publicly advertised or open to the public. Examples include: • Birthday parties • Funeral receptions • Weddings • Bible studies or informal group meetings.
Private Outdoor Social Event	An outdoor gathering held occasionally for family, friends, or others known to the host or permit holder. These events are not publicly advertised or open to the public. Examples include: • Backyard parties • Outdoor recreational group activities (e.g., hiking) • Weddings or funeral receptions.
School (K-12)	A private or public primary or secondary educational institution that provides education from kindergarten through grade 12. **Grade:** Provide the grade(s) of the affected student(s) unless the entire school is impacted.
School (Post-Secondary)	An institution that offers education beyond high school, including colleges, universities, trade schools, seminaries, or technical institutes.

Classification: Public

Location	Definition
Shelter	A temporary place of stay intended to protect and support individuals experiencing vulnerability, displacement, or crisis. Examples include: • Homeless shelters • Youth emergency shelters • Family violence emergency shelters • Men's or women's shelters
Special event	A public event that occurs for no more than 15 days within a calendar year in a given location(s). This includes temporary or one-time gatherings such as fairs, festivals, exhibitions, promotional events, or carnivals. Examples include: • Calgary Stampede • K-Days • Grey Cup Week events • Taste of Edmonton • Folk Fest, Blues Fest • Big Valley Jamboree • Comic Con • Heritage Festival • International Film Festival • Street Performers Festival.
Sporting Event – Indoor	A sports or recreational event held entirely within an enclosed building, where participants and any spectators are accommodated indoors. Examples include: • Bowling alleys • Recreational or professional games and tournaments (e.g., Edmonton Stingers, Calgary Surge) • Indoor sports practices • Curling bonspiels.
Sporting Event – Outdoor	An organized or informal physical activity, sport, or tournament held outdoors, typically involving participants and/or spectators in an open-air setting. Examples include: • Soccer practices and games • Recreational or professional outdoor sports events (e.g., Edmonton Elks, Calgary Stampeders) • Motorsports events (e.g., Castrol Raceway).
Supportive Living Accommodations	Licensed residential settings with four or more unrelated adults, where operators provide or arrange: • Accommodation services (meals, housekeeping, social/leisure activities) • 24-hour safety and security, and • Support that helps residents live independently (e.g., lodges, private assisted-living homes, independent living residences, and retirement communities) These settings do not include locations where individuals receive 24-hour publicly funded health or personal care services (e.g., Continuing Care Homes Type A, B or C). For more information see Alberta.ca. *Note: For the purposes of surveillance, group homes are tracked separately.*
Swimming Pool/Spray Park	A public or semi-public recreational water facility not located at a private dwelling. Examples include: • Municipal swimming pools • Hotel pools and hot tubs • Wading pools • Water spray parks and splash pads.

Classification: Public

Location	Definition
Transportation/Conveyance	A public or commercial means of transporting individuals, excluding private carpooling. Examples include: • Municipal buses and LRT • Trains and planes • Ferries and cruise ships • Rideshare vehicles (e.g., Uber, Lyft) • Taxis and tour buses.
Unknown	Investigator is unable to determine where the disease was likely acquired.
Other	Any location, setting, or event **not captured under the predefined categories**. *Note: Use this field only when none of the other listed settings apply. Provide a brief description of the setting in the specify field.*

B. Medical Risk Factors

B. Medical Risk Factors (select all that apply)

- ☐ Anemia / Hemoglobinopathy
- ☐ Arthritis
- ☐ Asthma
- ☐ Blood / Blood Product
- ☐ Cancer / Malignancy
- ☐ Cerebrovascular Disease (e.g. stroke)
- ☐ Chronic Chromosomal Disease
- ☐ Chronic GI Disease
- ☐ Chronic Heart Disease
- ☐ Chronic Hepatic Disease
- ☐ Chronic Mental Illness
- ☐ Chronic Metabolic Disorder
- ☐ Chronic Neurological / Neuromuscular Disorder
- ☐ Chronic Renal Disease
- ☐ COPD
- ☐ Diabetes
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ History of Seizures (including epilepsy)
- ☐ HIV
- ☐ Hypertension
- ☐ Immunodeficiency Disease / Condition
- ☐ Obesity
- ☐ Postpartum
- ☐ Pregnancy Loss
- ☐ Varicella / Shingles (Zoster)
- ☐ Wound (non-surgical)
- ☐ Wound (surgical)
- ☐ None Identified
- ☐ Unknown
- ☐ Other Chronic Disease
  - Other Chronic Disease (specify)
- ☐ Other Chronic Lung Disease
  - Other Chronic Lung Disease (specify)
- ☐ Other
  - Other (specify)

Description: Indicates relevant medical risk factors, susceptibility and underlying conditions present at the time of illness onset that may have contributed to the disease event or acquisition. This information supports identification emerging trends in Alberta.

Reporting Requirement: Mandatory.

Instructions:

- Select the appropriate box(es). Select ALL that apply.
- If any of the 'Other' fields are selected, additional details must be reported.

Definitions	
Anemia/ Hemoglobinopathy	Anemia (low red blood cells or hemoglobin) or hemoglobinopathy (e.g., sickle cell or thalassemia) requiring regular medical follow-up and/or treatment.

Classification: Public

Definitions	
Arthritis	Arthritis causing joint pain and inflammation requiring regular medical treatment and/or follow up.
Asthma	Asthma requiring medical follow-up and/or treatment.
Blood/Blood product	Administration of blood or blood product (e.g., plasma, platelets). The relevant timeframe as a risk-factor depends on the disease being reported (e.g., for West Nile virus, eight weeks prior to the onset of symptoms).
Cancer/Malignancy	Current or recent diagnosis of cancer (including solid tumors or hematologic malignancies such as leukemia or lymphoma) requiring ongoing medical management or follow-up. These conditions may result in being immunocompromised.
Cerebrovacular Disease (e.g., stroke)	A condition affecting blood flow to the brain, such as stroke or transient ischemic attack (TIA), which can cause neurological impairment and typically requires ongoing medical care or rehabilitation.
Chronic Chromosomal Disease	A chronic chromosomal condition requiring regular medical follow-up and/or treatment, including but not limited to: • Down syndrome • Chromosome deletion disorder • Opitz syndrome • Seven Q minus • Trisomy 21.
Chronic GI Disease	A chronic gastrointestinal condition requiring regular medical follow-up and/or treatment, including but not limited to: • Celiac Disease • Crohn's Disease • Diverticulosis • Gastric ulcers • GERD (gastroesophageal reflux disease) • G-tube, swallowing dysfunction • Hiatus hernia • IBS (irritable bowel syndrome) • Ischemic colitis • Peptic Ulcer disease
Chronic Heart Disease	A chronic heart condition requiring regular medical follow-up and/ treatment, including but not limited to: • Angina • Arrhythmia • Atherosclerosis • Atrial fibrillation • Congestive heart failure (CHF) • Coronary artery disease (CAD) • Heart attack • Valve disorder
Chronic Hepatic Disease	A chronic liver condition requiring regular medical follow-up and/or treatment, including but not limited to: • Alcoholic liver disease • Chronic hepatitis B • Cirrhosis • Non-alcoholic fatty liver disease.
Chronic Mental Illness	A long-term or recurring mental health condition that significantly affects thinking, emotions, behaviour, or daily functioning. Examples include, but are not limited to: • Major depressive disorder • Bipolar disorder • Schizophrenia • Severe anxiety disorders.
Chronic Metabolic Disorder	A chronic metabolic disorder requiring regular medical follow-up and/or treatment, including but not limited to: • Hypo/hyperthyroid • Cushing's disease • Glycogen storage disease • Grave's disease • Maple syrup urine disease.

Classification: Public

Definitions	
Chronic Neurological/Neuromuscular Disorder	A chronic neurological disorder requiring regular medical follow-up and/or treatment is required including, but not limited to: • Alzheimer's disease • Ataxia (movement disorder) • Brain injury/damage • Cerebral palsy • Dementia • Huntington's disease • Multiple sclerosis • Parkinson's disease.
Chronic Renal Disease	A chronic kidney condition requiring regular medical follow-up and/or treatment is required including, but not limited to: • Dialysis • Chronic renal failure • Glomerulonephritis • Nephropathy • Polycystic kidney disease.
COPD	Chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis, requiring regular medical follow-up and/or treatment.
Diabetes	As reported by the case or review of health history. Includes Type 1, Type 2, gestational diabetes, and other specific types (e.g., MODY, LADA, cystic fibrosis-related diabetes).
Hepatitis B (acute or chronic)	Hepatitis B infection (acute or chronic), as reported by the case or review of health history
Hepatitis C (acute or chronic)	Hepatitis C infection (acute or chronic), as reported by the case or review of health history.
History of Seizures (including epilepsy)	History of one or more seizure episodes requiring regular medical follow-up and/or treatment.
HIV	HIV infection, as reported by the case or review of health history. *Note: Do not differentiate by stage or treatment status for this field.*
Hypertension	High blood pressure requiring regular medical follow-up and/or medication is required. As reported by the case or upon review of health history (e.g., electronic record).
Immunodeficiency Disease/Condition	An immunocompromising condition requiring regular medical follow-up and/or treatment. This includes but is not limited to: • Asplenia • Autoimmune conditions (e.g., lupus, rheumatoid arthritis) • Corticosteroids or other immunosuppressive therapy • Primary or secondary immunodeficiency diseases (e.g., T or B cell deficiency) • Transplant recipient (e.g., organ or stem cell).
Obesity	A chronic disease characterized by excess body fat plus evidence of organ or tissue dysfunction or health complications directly attributable to fat (e.g., heart disease, hypertension, liver disease, severe joint pain).[5,6] *Note: Diagnosis is based on evidence of abnormal or excessive adiposity with health risk or complications. BMI ≥30 kg/m² is commonly used if known, but other measures (e.g., waist circumference, waist-to-height ratio, or direct body fat assessment) may also apply.*
Postpartum	Defined as ≤ 28 days after delivery of a baby at the time of illness onset (not the time of interview).
Pregnancy Loss	Any situation where a pregnancy ends other than in a live birth (e.g., miscarriage, stillbirth, termination).
Varicella/Shingles (Zoster)	History of varicella (chickenpox) or herpes zoster (shingles), diagnosed clinically or by laboratory testing prior to the onset of the disease being reported on the NDR form.
Wound (non-surgical)	A recent open or closed injury that may serve as a portal of entry, as reported by the case or identified through health history review (e.g., electronic record).
Wound (surgical)	Any recent surgical procedure that may be the portal of entry, as reported by the case or identified through health history review (e.g., electronic record).
None Identified	No risk factors, susceptibility or underlying conditions have been identified for the case.
Unknown	The investigator is unable to determine if the case has any risk factors, susceptibilities or underlying conditions.

Classification: Public

Definitions	
Other Chronic Disease, Specify	Any other chronic condition(s) not already indicated in the provided checkboxes that requires regular medical follow-up, including, but not limited to: • Chronic pain syndromes (e.g., fibromyalgia) • Dyslipidemia • Gout • Osteoporosis.
Other Chronic Lung Disease, Specify	Any other chronic lung condition(s) not already indicated in the provided checkboxes that requires regular medical follow-up, including, but not limited to: • Cystic fibrosis • Home O2 therapy • Prematurity (e.g., 30 weeks gestation) • Sleep apnea.
Other	Any other relevant medical risk factors not already indicated in one of the checkboxes provided. If 'Other' is selected, additional details must be reported. Example: recent motor vehicle accident, traumatic injury, other condition that may have contributed to disease acquisition or severity.

C. Social Behaviours/Conditions

C. Social / Behaviour Conditions (select all that apply)

- ☐ Addiction / Abuse - Alcohol
- ☐ Addiction / Abuse - Injection Drug Use (IDU)
- ☐ Addiction / Abuse - Non-injection Drug Use (non-IDU)
- ☐ Addiction / Abuse - Non-prescription Drug
- ☐ Addiction / Abuse - Prescription Drug
- ☐ Homelessness
- ☐ Incarceration
- ☐ Piercing
- ☐ Sexual Contact
- ☐ Sharing Personal Hygiene Equipment
- ☐ Smoker (Commercial tobacco (e.g. cigarettes, cigars, hookah, pipe)
- ☐ Smoker (Hookah-herbal without tobacco)
- ☐ Smoker (Vaping - Nicotine Free)
- ☐ Smoker (Cannabis)
- ☐ Smoker (Vaping - Nicotine)
- ☐ Smoker (Vaping - THC / CBD)
- ☐ Tattoo
- ☐ None Identified
- ☐ Unknown
- ☐ Other

Other (specify)

Enterics - Proceed to Section 5

Non-Enterics - Proceed to Section 6

Description: Indicates relevant social behaviours or conditions that may contribute to the disease event. These are lifestyle behaviours or factors that may contribute to disease acquisition or severity. This information may assist with identifying emerging trends occurring in Alberta.

Reporting Requirement: Mandatory

Instructions:

- Select the appropriate box(es). Select ALL that apply.
- If 'Other' is selected, additional details must be reported.

Definitions	
Addiction/Abuse	Addiction: A chronic neurobiological disease influenced by genetic, psychosocial and environmental factors. It is characterized by impaired control over drug use, compulsive use, continued use despite harm, and craving.[7]

Classification: Public

Definitions	
	Abuse: Overuse or dependence on a substance leading to harmful effects physical and/or mental health, or the welfare of others.
• **Alcohol**	Includes wine, beer, spirits, alcohol-containing liquids (e.g., some mouthwashes).
• **Injection Drug Use (IDU)**	Consumption of substances by injection. Examples include but are not limited to: • Heroin • Cocaine (injected) • Methamphetamine (injected) • Prescription opioids (e.g., morphine) when injected • Other substances prepared for intravenous use.
• **Non-injection Drug Use (non-IDU)**	Consumption of substances through routes other than injection (e.g., inhalation, swallowing and snorting). Examples include but are not limited to: • Smoking crack cocaine • Snorting powdered cocaine • Oral ingestion of pills (e.g., opioids, benzodiazepines) • Smoking methamphetamine • Inhaling solvents or aerosols.
• **Non-prescription drug**	Includes over-the-counter medications such as allergy medicines, cough syrup/medicine, diet pills, diuretics (may contain ephedrine or caffeine), motion sickness medication, or sleep aids.
• **Prescription drug**	Includes medications acquired from a licensed medical professional: Opiates – morphine, codeine, (e.g., Oxycontin, Percocet, Vicodin) Sedatives and Tranquilizers –Barbiturates, benzodiazepines and sleep medications. Examples can include Amytal, Nembutal, Seconal (barbiturates), Valium, Xanax (benzodiazepine), Ambien, Sonate, Lunesta (sleep aid). Stimulants – Includes amphetamines, methylphenidate and pseudoephedrine. Examples can include Adderall, Dexedrine, Ritalin, Concerta.
Homelessness	At the time of diagnosis, the case did not have a fixed address or home (house, apartment, townhouse). Includes people staying in shelters, vehicles, or other temporary arrangements.
Incarceration	Inmate at a correctional facility (e.g., prison, remand centre). Includes current and past incarceration depending on the disease being reported.
Piercing	The practice of puncturing or cutting a part of the human body to create an opening for jewelry. Includes ear, facial, and body piercings. *Note: For recent body modifications (e.g., tongue splitting, subdermal implants, scarification) use 'Other, specify'.*
Sexual contact	Deep kissing, sexual intercourse (vaginal, oral or anal) or any other sexual activity that exposes an individual to another person's body fluids, as reported by case.
Sharing personal hygiene equipment	This includes items such as razors, toothbrushes and nail clippers.
Smoker (Commercial tobacco (e.g. cigarettes, cigars, hookah, pipe)	Currently smokes any commercial tobacco product, including cigarettes, cigars, pipes, or hookah containing tobacco, regardless of frequency or amount.
Smoker (Hookah-herbal without tobacco)	Currently uses water pipes (hookah) with herbal mixtures that do not contain tobacco.
Smoker (Vaping – Nicotine Free)	Currently uses electronic vaping devices with nicotine-free liquids.
Smoker (Cannabis)	Currently smokes cannabis products (e.g., joints, pipes, blunts), regardless of frequency or amount.
Smoker (Vaping – Nicotine)	Currently uses electronic vaping devices with nicotine-containing liquids.
Smoker (Vaping – THC/CBD)	Currently uses electronic vaping devices for cannabis products containing THC and/or CBD.
Tattoo	Tattoo done by professional, private business, or individuals (including correctional facility and at home tattoos).
None identified	No risk factors or susceptibility identified.
Unknown	Investigator is unable to determine if the case has any social behaviour risk factors or susceptibilities.
Other	Other relevant social behaviours/conditions not already indicated in one of the checkboxes provided. If other is selected, additional details must be reported. Example: "Recent body modification – subdermal implants".

Classification: Public

Section 5 – Enterics

This section identifies required information related to enteric diseases. For a current list of enteric diseases see Appendix 3: Enteric Disease List for NDR Form.

- How was the disease likely acquired

How was the disease likely acquired (select one)

Section 5 - Enterics

How was disease likely acquired (select one)

Animal or Animal Manure Contact

- ○ Domestic Pet - Bird
- ○ Domestic Pet - Lizard, type
- ○ Domestic Pet - Cat / Kitten
- ○ Domestic Pet - Dog / Puppy
- ○ Domestic Pet - Rodent
- ○ Domestic Pet - Other Mammal type
- ○ Domestic Pet - Snake type
- ○ Domestic Pet - Turtle
- ○ Domestic Pet - Other Pet type
- ○ Livestock - Cow / Calf
- ○ Livestock - Goat
- ○ Livestock - Horse / Donkey
- ○ Livestock - Pig / Swine
- ○ Livestock - Poultry - Chicken
- ○ Livestock - Poultry - Duck
- ○ Livestock - Poultry - Goose
- ○ Livestock - Poultry - Turkey
- ○ Livestock - Poultry - Other type
- ○ Livestock - Sheep / Lamb
- ○ Livestock - Other type
- ○ Other Animal type
- ○ Drinking Water
- ○ Food (Human) - Unpasteurized Dairy
- ○ Food (Human) - Other type
- ○ Food (Human) - Unknown
- ○ Food (Human) - Raw / Undercooked Meat / Poultry / Eggs
- ○ Food (Pet) - type
- ○ Person-to-Person
- ○ Pool Water
- ○ Recreational Water
- ○ Sexual Contact
- ○ Sewage / Waste Water Contact
- ○ Unknown
- ○ Other type

Description: Identifies how the case most likely came into contact with the organism that caused the disease being reported.

Reporting Requirement: Mandatory for enteric diseases acquired in Alberta.

Instructions:

- Select the most appropriate box.
- If any of the ‘Other’ fields are selected, additional details must be reported.

Definitions		
Animal or animal manure contact	Select the most appropriate animal category. Specify the suspect animal type.	
• **Domestic Pet Specify Animal**	Contact with an animal kept for amusement or companionship, typically living in the home. Includes contact with manure from animal(s) in this sub-category (e.g., at a dog kennel).	
	Bird	Including but not limited to budgies, cockatiels, doves, finches, parakeets, parrots.
	Lizard, type	Including but not limited to anoles, bearded dragons, chameleons, geckos, iguanas, skinks.
	Mammal	
	• Cat/kitten	Type not required.
	• Dog/puppy	Type not required.
	• Rodent	Including but not limited to gerbils, guinea pigs, hamsters, mice, rats, chinchillas. Type not required.
	• Other mammal, type	Examples include ferrets, hedgehogs, rabbits.
	Snake, type	Examples include boas, corn, pythons.
	Turtle	Including but not limited to tortoises and sliders. Type not required.
	Other pet, type	Examples include frogs, fish, and toads.
• **Livestock, specify animal**	Contact with animals raised in captivity for personal use or for profit, including domestic cervids (e.g., deer, elk). Includes contact with manure from animal(s) listed in this sub-category (e.g., at a livestock truck washing station).	
	Cow/calf	Type not required. Includes bulls.
	Goat	Type not required.
	Horse/donkey	Type not required.
	Pig/swine	Type not required.
	Poultry	
	• Chicken	Type not required. Includes chicks. Does not include contact with eggs.
	• Duck	Type not required. Includes ducklings.
	• Goose	Type not required. Includes goslings.
	• Turkey	Type not required. Includes baby turkeys (poults).
	• Other Poultry, Type	Examples include guineafowl, grouse, and quail. Includes babies and all ages of poultry beyond the egg.
	Sheep/Lamb	Type not required.
	Other livestock, Type	Examples include alpacas, bison, deer, fish, llama, and reindeer.
• **Other Animal, Type**	Contact with an animal or it's manure that does not fit any of the above categories (e.g., wild animals such as elephants, zebras, etc.).	
Drinking Water	Water intended for human consumption, including treated municipal water and private systems (e.g., wells and cisterns). Does not include ice.	
Food (Human)	Any substance intended for human consumption (including ice), excluding drugs, medication or regulated health product and, for the purpose of disease reporting, does not include water (refer to 'Drinking Water').	
• **Unpasteurized Dairy**	Consumption of or contact with unpasteurized dairy products (e.g., milk, cheese).	
• **Other, Type**	Consumption of or contact with foods other than unpasteurized dairy or raw/undercooked meat/poultry/eggs.	
• **Unknown**	Disease was likely acquired through food (human) exposure, but specific type is unknown.	
• **Raw/Undercooked Meat/Poultry/Eggs**	This describes food that has NOT been prepared using heat such as boiling, baking or roasting or, was prepared using heat that did not result in the food reaching a sufficient temperature to destroy disease-causing organisms in the food.	
Food (Pet), Type	Any substance intended for animal consumption (e.g., feeder mice, pig ear treats).	

Classification: Public

Definitions	
Person-to-Person	Non-sexual contact with an infected individual. If EPI link # cannot be specified, note 'Unable to specify EPI link #' and provide any relevant details in the comments field (e.g., case attended a party with ill individuals, but names are unknown.
Pool Water	Exposure to water from a permitted public swimming pool (as defined the *Public Swimming Pools Regulation)*.[8]
Recreational Water	Exposure to natural or artificial water sources other than drinking water or permitted pools (e.g., lakes, rivers, beaches, streams).
Sexual Contact	Includes deep kissing and sexual activities (vaginal, oral or anal) that involve exposure to another person's body fluids.
Sewage/Waste Water Contact	Contact with sewage or wastewater, including liquid and/or solid waste (e.g., human feces, urine) transported via sewerage or drainage systems.
Unknown	Source of exposure cannot be determined.
Other, type	Any other probable source of exposure not listed above. If selected, additional details must be reported (e.g., ingested soil).

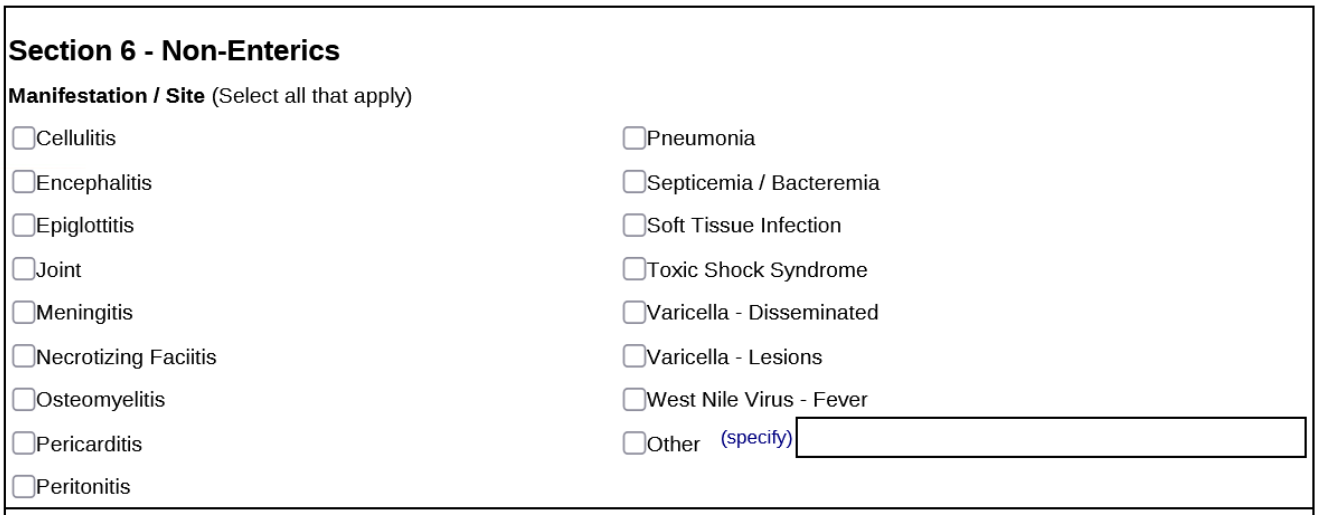
Classification: Public

Section 6 – Non-Enterics

This section identifies required information related to non-enteric diseases. For a current list of non-enteric diseases see: Appendix 4: Non-Enteric Disease List for NDR form

- Manifestation/Site
- How was disease likely acquired (for Bloodborne Infections only)
- Additional Risk Factors for Acquiring Haemolytic Uremic Syndrome (HUS)

Manifestation/Site



Description: Indicates the primary symptom presentation or anatomical site of the disease. This field assists with monitoring disease epidemiology.

Reporting Requirement: Mandatory for certain diseases – Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix.

Instructions:

- Select all applicable boxes.
  - Example: If a specimen is a blood culture, select 'Septicemia/Bacteremia'.
  - Example: If a specimen is synovial fluid, select 'Joint'.
- If 'Other' is selected, additional details must be reported.

Definitions	
Cellulitis	A bacterial infection of the dermis and subcutaneous fatty tissue.
Encephalitis	Acute inflammation of the brain.
Epiglottitis	Acute inflammation of the epiglottis and surrounding tissues, which may cause abrupt upper airway obstruction.
Joint	Includes septic arthritis, bursitis, and bacteria identified in joint or synovial fluid/aspirate.
Meningitis	Acute inflammation of the membranes covering the spinal cord and brain.
Necrotizing fasciitis	Severe bacterial infection of fascia, causing extensive tissue death (necrosis).
Osteomyelitis	Acute infection and inflammation of bone marrow and adjacent bone.
Pericarditis	Acute inflammation of the pericardium, (membrane surrounding the heart).
Peritonitis	Acute inflammation of the peritoneum (lining of the abdominal cavity and organs).

Classification: Public

Pneumonia	Acute lung inflammation caused by infection, in which the air sacs fill with pus and may become solid. Inflammation may affect both lungs (double pneumonia), one lung (single pneumonia), or only certain lobes (lobar pneumonia). This includes pleural fluid specimens.
Septicemia/Bacteremia	Septicemia: Identification of microorganism in the bloodstream with systemic illness (e.g., fever, chills). Bacteremia: Identification of bacteria in the bloodstream without symptoms.
Soft Tissue Infection	Infection of non-bone tissue (e.g., subcutaneous tissue, fat, nerves, muscle). Includes abscesses and lymph node swelling. *Note : Excludes cellulitis (classified separately).*
Toxic Shock Syndrome	As diagnosed by case definition. TSS is a special form of septic shock caused by toxins from organisms such as *Staphylococcus, Streptococcus* and *Clostridium.*
Varicella	
• **Disseminated**	Virus spread to organs, causing complications (e.g., myocarditis, encephalitis, hepatitis, pneumonitis).
• **Lesions**	Typical chickenpox lesions.
West Nile virus	
• **Fever**	Fever ≥ 38.5°C observed by clinician or noted by client.
Other	Specify any other normally sterile sites or primary presenting symptoms not identified in one of the checkboxes provided (e.g., myositis, gangrene).

Classification: Public

How was disease likely acquired (bloodborne Infections Only) (select one)

How was disease likely acquired (bloodborne infections only) (select one)

- ◯ Blood / Blood Product
- ◯ Breast Milk
- ◯ Injection Drug Use (IDU)
- ◯ Non-IDU (shared equipment)
- ◯ Non-surgical Invasive Procedure
- ◯ Occupational Sharps
- ◯ Sexual Contact
- ◯ Surgical / Outpatient Procedure
- ◯ Vertical
- ◯ Unknown
- ◯ Other (specify)

Description: Indicates how the case most likely came into contact with the organism that caused the disease being reported.

Reporting Requirement: Mandatory for specific diseases. Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix.

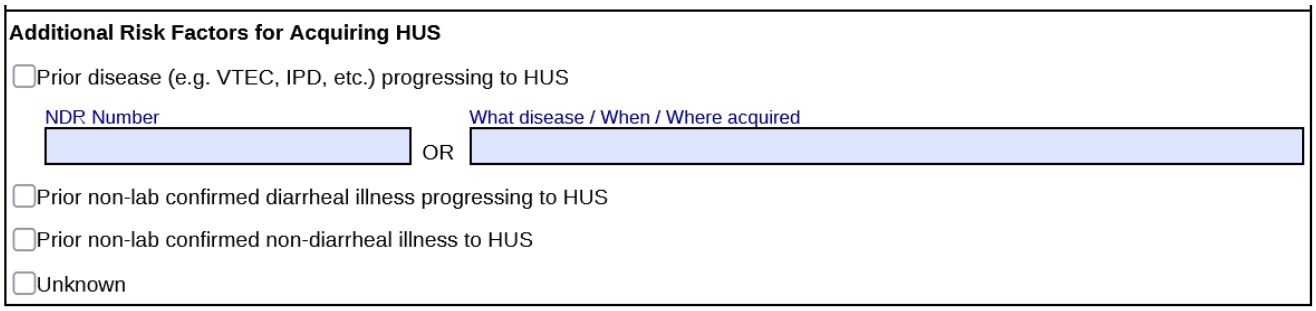
Instructions:

- Select only one option.
- If “Blood/Blood Product” is selected, provide date(s) and location if known.
- If ‘other’ is selected, additional details must be reported.

Definitions	
Blood/Blood product	Infection likely acquired through blood or blood product (e.g., plasma, platelets) transfusion. Record date(s) and location, if known.
Breast milk	Infection likely acquired through breast milk.
Injection Drug Use (IDU)	Infection likely acquired through current or past use of injection drugs (sharing needles).
Non-IDU (shared equipment)	Infection likely acquired through shared non-injection drug use equipment (e.g., straws, pipes, spoons).
Non-surgical Invasive procedure	Infection likely acquired through a treatment or procedure that breaks the cutaneous or mucous membrane, such as glucometer (shared), acupuncture, electrolysis, dental procedure, tattoos or piercings.
Occupational Sharps	Infection likely acquired through occupational sharps injury (e.g., needlestick).
Sexual Contact	Infection likely acquired through deep kissing and sexual activities (vaginal, oral or anal) that involve exposure to another person’s body fluids.
Surgical/Outpatient Procedure	Infection likely acquired through an invasive procedure including day surgeries, organ and tissue transplants, endoscopy, etc.
Vertical	Infection likely acquired through transmission from child-bearing person to infant in utero or in immediate postpartum period.
Unknown	Unable to determine the source of infection.
Other (specify)	Other probable source of infection not already indicated in one of the checkboxes provided. If other is selected, additional details must be reported. Examples: sharing personal items such as toothbrushes, razors, or nail clippers, or household contact (applies to Hepatitis B only).

Classification: Public

Additional Risk Factors for Acquiring HUS


Additional Risk Factors for Acquiring HUS
Prior disease (e.g. VTEC, IPD, etc.) progressing to HUS
NDR Number
OR
What disease / When / Where acquired
Prior non-lab confirmed diarrheal illness progressing to HUS
Prior non-lab confirmed non-diarrheal illness to HUS
Unknown

Description: Indicates specific prior illness or condition that may have contributed to the development of HUS. This information may assist with identifying emerging trends occurring in Alberta.

Reporting Requirement: Mandatory for all HUS cases.

Instructions:

- Select only one option.
- If 'Prior disease progressing to HUS' is selected, record the NDR/CDOM#.
  - If the disease occurred outside of Alberta, specify the disease, date and location.
- HUS cases should be epi-linked to the associated *Shiga toxin-producing Escherichia coli* (STEC) case, if available.
- Additionally, if an HUS case's STEC infection is epi-linked to an STEC outbreak, the HUS case should also be epi-linked to that outbreak.

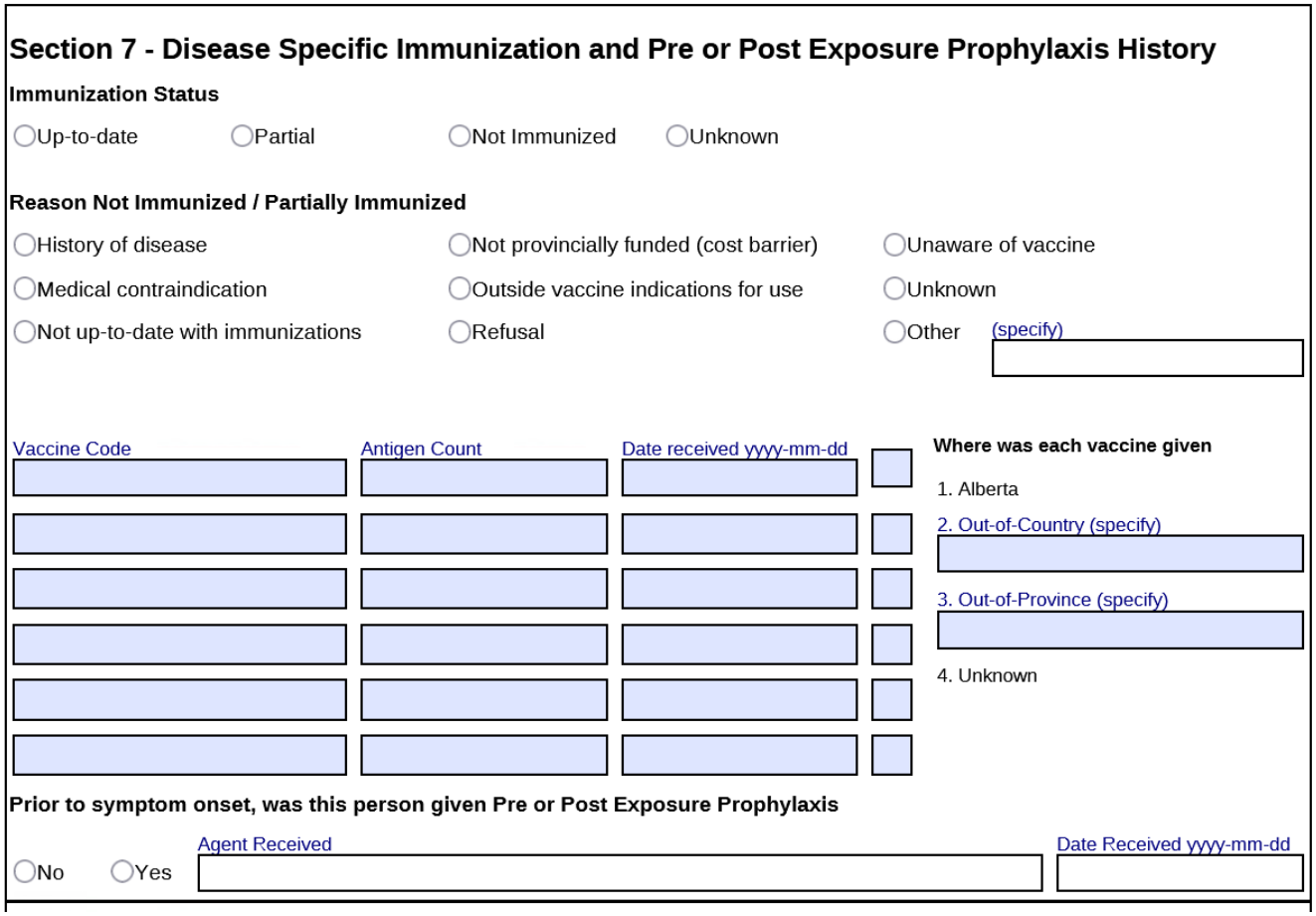
Definitions	
Prior disease progressing to HUS	Case had a laboratory-confirmed notifiable disease (e.g., STEC, shigella or invasive pneumococcal disease, prior to the onset of HUS.
Prior non-lab confirmed diarrheal illness progressing to HUS	Case **had** diarrhea prior to HUS onset and **no** laboratory confirmation of a notifiable disease, or it is not known if the case had disease.
Prior non-lab confirmed non-diarrheal illness progressing to HUS	Case had illness **without** diarrhea prior to HUS onset and **no** laboratory confirmed notifiable disease, or it is not known if the case had disease.
Unknown	Unable to determine if there was illness present prior to the onset of HUS or, the case was unable to be contacted.

Classification: Public

Section 7 – Disease Specific Immunization and Pre or Post Exposure Prophylaxis History

This section helps to identify individuals who develop diseases despite having received vaccine/prophylaxis. Provide immunization and prophylaxis information as it relates to the disease being reported.

- Immunization Status (refers to the disease being reported)
- Reason Not Immunized/Partially Immunized
- Vaccine Code
- Antigen Count
- Date Received
- Where was each vaccine given
- Prior to symptom onset was this person given Pre or Post Exposure Prophylaxis (PEP)
- ~~If yes,~~ Agent Received and Date Received



Section 7 - Disease Specific Immunization and Pre or Post Exposure Prophylaxis History

Immunization Status

◯Up-to-date ◯Partial ◯Not Immunized ◯Unknown

Reason Not Immunized / Partially Immunized

◯History of disease ◯Not provincially funded (cost barrier) ◯Unaware of vaccine

◯Medical contraindication ◯Outside vaccine indications for use ◯Unknown

◯Not up-to-date with immunizations ◯Refusal ◯Other (specify)

Vaccine Code | Antigen Count | Date received yyyy-mm-dd

Where was each vaccine given

1. Alberta
2. Out-of-Country (specify)
3. Out-of-Province (specify)
4. Unknown

Prior to symptom onset, was this person given Pre or Post Exposure Prophylaxis

◯No ◯Yes Agent Received | Date Received yyyy-mm-dd

Classification: Public

Immunization Status

Description: Indicates whether the case has received immunization for the disease being reported and whether the immunization series is complete according to the current recommended immunization dosing schedule.

Reporting Requirements: Conditional - Refer to Appendix 2: NDR Form Mandatory Field Reporting Matrix

Instructions:

- Select only one option.
- Consider all vaccines related to the disease being reported, both provincially funded or privately purchased (e.g., for travel).
- For age-based eligibility, the day a person turns the eligible age, they are considered eligible for reporting purposes.
  - Example: a child is reported as 'Partial' if illness onset occurs after age 4 and the child has not received the 4–6-year booster.
- For school-based immunization, September 1st is considered the start date of the grade year for reporting purposes.
  - Example: a student is 'Partial' if illness occurs after September 1st the booster was not received.
- If a case reports receiving a vaccine outside normal use (e.g., clinical trial or newly available vaccine), document details in comments if not available.

Definitions	
Up-to-date	Documentation confirms case is fully immunized (either 'provincial' or 'paid') for the disease being reported according to the recommended schedule.
Partial	Documentation confirms the case received one or more doses of vaccine for the disease being reported but is not considered fully immunized according to the recommended schedule. Indicate reason in the next section.
Not Immunized	Case has received no doses of vaccine for the disease being reported. Indicate reason next section.
Unknown	Immunization history cannot be confirmed or located. Includes cases reporting prior immunization **without documentation**.

Note: All reasonable attempts should be made to obtain records from other jurisdictions.

Classification: Public

Reason Not Immunized/Partially Immunized

Description: Indicates the reason the case has not received immunization for the disease being reported.

Reporting Requirements: Mandatory for any vaccine-preventable disease, if 'Not immunized' or 'Partial' was chosen for the 'Immunization Status' field.

Instructions:

- Select the appropriate box.
- If 'Other' is selected, additional details must be reported.

Definitions	
History of disease	There is documented evidence or self-report of previous disease.
Medical contraindication	Immunization was not provided due to a medical condition that makes vaccination unsafe (e.g., severe allergy, pregnancy, immunocompromised status).
Not up-to-date with immunizations	Emphasizes intent vs outcome. The individual is aware of the recommended immunization schedule but has not received all doses due to delays or missed opportunities, rather than refusal or medical contraindication. This may occur because of personal circumstances (e.g., lost track of schedule) or system-level factors (e.g., limited access to routine services during public health emergencies).
Not provincially funded (cost barrier)	The vaccine was not publicly funded under the Alberta Immunization Program, creating a cost barrier to immunization.
Outside vaccine indications for use	The individual did not meet eligibility criteria for vaccination under current guidelines (e.g., age group, risk category).
Refusal	The recommended vaccine was offered but declined by the individual (or parent/guardian).
Unaware of vaccine	The individual (or parent/guardian) was unaware that a vaccine was available before disease onset
Unknown	Immunization status or reason for incomplete immunization is not known.
Other (specify)	Specify another reason for incomplete or missed immunization. Examples: • Consent form not returned (no consent) • Vaccine not available • Lost to follow-up.

Vaccine Code

Description: Indicates all doses of vaccine the case received **prior** to the date of disease onset, regardless of whether the vaccine was a provincially funded vaccine or privately purchased.

Reporting Requirements: Mandatory for any vaccine-preventable disease.

Instructions:

- Record the immunization agent specific to the notifiable disease using the valid vaccine codes as listed in Appendix 5: Immunobiological Lists.
- Include **all doses** (provincially funded or paid) administered to prevent the notifiable disease prior to the date of disease onset.
- For vaccines administered outside Alberta:
  - Use 'Out-of-Country, specify' or 'Out-of-Province, specify'.
  - Rationale: the vaccine code may match but the date may not align with program timelines.
  - Example: DPT was available in Alberta from 1948-01-01 to 1997-06-30 but may have been given in another province/country outside of those dates.

Classification: Public

Antigen Count

Description: Indicates the number of **doses** of vaccine administered to the case **prior to the date of disease onset** to prevent the disease being reported.

Reporting Requirement: Mandatory if a 'Vaccine Code' is reported.

Instructions:

- Enter the number of doses (antigen count) of all disease-specific vaccines administered prior to the onset of the disease being reported.
- If multiple doses were received, list them in chronological order from **oldest to most recent**.

Notes: For hepatitis B carriers who likely acquired disease prior to immunization, list all hepatitis B vaccines received in the vaccine table and provide an explanation (e.g., health care worker received hepatitis B vaccine without pre-vaccine serology) in Section 8-Additional Information / Reporting – 'Comments'.

Exceptions:

- If different vaccine types were given (e.g., conjugate and polysaccharide), enter **"1"** for the first dose of each type, and so on.
- For doses given outside of the recommended schedule (e.g., measles vaccines given at 6–12 months during an outbreak), enter '**0**' to indicate a null (invalid) dose. The first dose given on or after 12 months would be considered dose number one.
- For hematopoietic stem cell transplant recipients, enter only doses received **post-transplant**.

Date Received

Description: The date the case received the immunization.

Reporting Requirement: Mandatory if a 'Vaccine Code' is reported.

Instructions:

- Enter the date the vaccine was administered.
- If only the **year** is known but not the month and day, enter the first day of the first month (i.e. January 1).
- If the **year and month** are known but not the day, enter the first day of the month.

Where was each vaccine given

Description: Indicates the location where the case received each immunization.

Reporting Requirement: Mandatory if vaccine records of the case are available.

Instructions:

- This must be completed for **each** vaccine listed.
- Refer to **numbered legend** on NDR form.
  - Select the option that best applies to each immunization event.
  - Choose only **one** option for each immunization.
- Examples:
  - If a child has received all vaccinations at their local health centre in Alberta, enter '**1**' in each row corresponding to the listed vaccine.
  - If a person was immunized at a doctor's office in another province in Canada, enter '**3**' in the appropriate row for that vaccine.
    - In the space provided, include any known details (e.g., physician name, city, etc.), if available.

Classification: Public

Prior to symptom onset was this person given Pre or Post Exposure Prophylaxis

Description: Indicates whether the case received chemoprophylaxis, immunoprophylaxis, and antitoxin **prior to symptom onset** to prevent the disease or reduce its severity.

Reporting Requirement: Mandatory for certain diseases; see Appendix 2: NDR Form Mandatory Field Reporting Matrix

Instructions:

- Select the appropriate box ('Yes' or' No').
- If 'Yes', specify:
  - 'Agent Received' (e.g., immune globulin, antitoxin, chemoprophylactic drug).
  - 'Date Received' (i.e., when the case started the agent).
- Do **NOT** report treatment provided **after symptom onset** on the NDR form.

Definitions	
No	Case did not receive prophylaxis prior to symptom onset to prevent or reduce the severity of the disease.
Yes	Case did receive prophylaxis prior to symptom onset to prevent or reduce the severity of the disease.

Agent Received

Description: Indicates the chemoprophylaxis, immunoprophylaxis, antitoxin, or antibiotic medication prescribed for the case.

Reporting Requirement: Mandatory if 'Yes' is marked in the 'Pre or Post Exposure Prophylaxis (PEP)' field.

Instructions:

- Enter the name of the agent received – see Appendix 5: Immunobiological Lists.

Date Received

Description: Indicates the date the 'agent' above was first taken by the case.

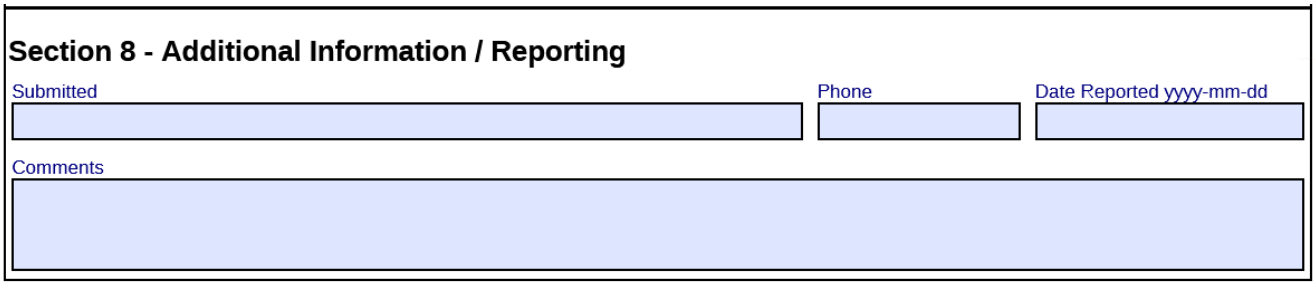
Reporting Requirement: Mandatory if 'Yes' is marked in PEP field.

Instructions: Specify the date the agent was first administered or taken by the case.

Classification: Public

Section 8 – Additional Information/Reporting

This section provides allowance for additional comments, Indicates the submitter, their telephone number, and the date that the NDR was completed.



Submitter

Description: Indicates the name of the public health professional who completed the follow-up and is reporting the notifiable disease case to PPHS.

Reporting Requirement: Mandatory.

Instructions:

- Enter the name of the public health professional reporting the case to PPHS.

Phone

Description: Indicates the telephone number of the public health professional.

Reporting Requirement: Mandatory.

Instructions:

- Enter the telephone number where the submitter can be contacted. This may be an office, cellular, or pager number.

Date Reported

Description: Indicates the date the notifiable disease report is submitted to PPHS.

Reporting Requirement: Mandatory.

Instructions:

- Enter the date the NDR form is submitted to PPHS.

Classification: Public

Comments

Description: Any significant additional notes related to the case that are relevant to the notifiable disease and have not been reported elsewhere on the form.

Reporting Requirement: Conditional

Instructions:

- Use this field for relevant details that do not fit elsewhere on the NDR form.

Examples of what to report in the comments field:

- **Reason not a case:** If ‘Not a Case’, indicate the reason why (e.g., false positive result, not a sterile specimen/invasive disease, etc.).
- **Severity of illness:** e.g., ‘Patient leg was amputated’
- **High-risk occupation:** e.g., ‘High risk occupation – food handler’
- **Linked case Information** (if no epi-link # available)
- **Cluster details:** e.g., ‘Case plays on a hockey team with other mumps cases’

Examples of what not to report:

- Hospitalization dates
- Names of contacts
- Data that contradicts in other fields in the NDR form.

Classification: Public

Appendix 1: NDR Form

Alberta

Notifiable Disease Report (NDR)

Protected C (when complete

Section 1 - Personal Identifiers

Lives on Reserve ◯Yes ◯No — Name of Reserve

◯Unable to contact ◯Lost to follow-up

Identifier Code | PHN / Other Identifier | Birth Date: Year Month Day | Sex ◯Male ◯Female ◯Other ◯Unknown

Ethnic Group

◯White ◯Black ◯Asian (East/SE) ◯Other Asian ◯Middle East / Arab ◯Latin American ◯First Nations

◯Inuit ◯Métis ◯Unknown ◯Other

Last Name | First Name | Middle Name

Street Address | Municipality | Province | Postal Code | Country

Pregnant ◯Yes ◯No ◯Unknown — EDD yyyy-mm-dd

Pregnancy Outcome

◯Spontaneous Abortion / Miscarriage ◯Induced Abortion ◯Still ◯Live birth (no neonatal death) ◯Live birth (neonatal death)

◯Other (specify)

Birthing Parent Outcome (if applicable) ☐Death with Continued Somatic Support | Gestational Age at Outcome | Outcome Date yyyy-mm-dd | **Outcome Related to Disease** ◯Yes ◯No ◯Unknown

Section 2 - Disease Descriptors and Laboratory Information

Disease Name | ICD Code | **Diagnosis (as per case definition)** ◯Confirmed ◯Probable ◯Suspect

◯Case ◯Carrier ◯Unable to determine

Symptomatic ◯Yes ◯No ◯Unknown | Onset Date yyyy-mm-dd | Diagnosis Date yyyy-mm-dd | **Lab Diagnosis** ◯Yes ◯No ◯Pending

Specimen Collection Date yyyy-mm-dd | Species/Typing

Type of Specimen (select all that apply)

☐Blood ☐CSF ☐Fluid ☐Lesion ☐Nasopharyngeal ☐Stool ☐Sputum ☐Throat Swab

☐Tissue ☐Urine ☐Vesicular Scraping ☐Other

Hospitalized ◯Yes ◯No | **Admitted to ICU** ◯Yes ◯No ◯Unknown

Fatal ◯Yes ◯No — Death Date yyyy-mm-dd

◯Died from disease ◯Died - other causes

◯Disease contributed to death (secondary cause) ◯Died - unknown cause

Outbreak Associated ☐N/A ◯ProvLab ◯AHS EI # | EPI-Linked ☐N/A NDR # | **Transmission Risk** ◯High Risk ◯Low Risk

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Classification: Public

Section 3 - Immigration and Travel History

A. Was illness likely acquired while residing outside of Alberta

◯ No ➔ **Proceed to B**

◯ Yes Domestic - Prov/Terr [ ] Foreign - Country of Source [ ] Date of Arrival yyyy-mm-dd [ ] ➔ **Proceed to Section 7**

B. Was illness likely acquired during travel outside of Alberta

◯ No ➔ **Proceed to C**

◯ Yes ◯ Domestic ◯ Foreign Travel location [ ] Departure Date yyyy-mm-dd [ ] Return Date yyyy-mm-dd [ ]

Travel Details - Once complete, proceed to Section 7

Country 1 Province Municipality

Arrival Date yyyy-mm-dd Departure Date yyyy-mm-dd Resort Name / Destination Details

Other Travel Information

Country 2 Province Municipality

Arrival Date yyyy-mm-dd Departure Date yyyy-mm-dd Resort Name / Destination Details

Other Travel Information

Country 3 Province Municipality

Arrival Date yyyy-mm-dd Departure Date yyyy-mm-dd Resort Name / Destination Details

Other Travel Information

C. Was illness likely acquired during travel or stay at an alternate municipality within Alberta

◯ No ➔ **Both Enterics and Non-Enterics proceed to Section 4**

◯ Yes List Municipality [ ] ➔ **Both Enterics and Non-Enterics proceed to Section 4**

Copy only

Classification: Public

Section 4 - Enterics and Non-Enterics (Complete A, B and C)

A. Where was disease likely acquired

- Acute Care Facility
- Addictions/Recovery Facility
- Animal Facility (AF) - Abattoir
- AF - Farm
- AF - Intensive livestock operation
- AF - Pet store
- AF - Petting zoo / Livestock event
- AF - Vet clinic / school
- AF - Other
- Bingo Hall
- Camp - Day
- Camp - Overnight (Recreational)
- Camp - Overnight (Summer/Other)
- Camp - Work
- Casino
- Child care facility
- Colony
- Community
- Community Event - Indoor
- Community Event - Outdoor
- Community Healthcare / School Support Setting
- Concert / Event with Theatre-Style Seating
- Continuing Care Home Type A
- Continuing Care Home Type B
- Continuing Care Home Type C
- Correctional Facility
- Emergency Services
- Fitness Facility
- Food Establishment - Farmer's Market
- Food Establishment - Other
- Food Establishment - Restaurants
- Food Establishment - Retail
- Food Processing Facility - Meat
- Food Processing Facility - Other
- Group Home
- Industrial Setting
- Industrial Setting with Work Camp
- Laboratory
- Office Setting
- Personal Services
- Place of Worship
- Private Dwelling
- Private Indoor Social Event
- Private Outdoor Social Event
- Retail Store (Excluding Grocery)
- School (K-12)
- School (Post-Secondary)
- Shelter
- Special Event
- Sporting Event - Indoor
- Sporting Event - Outdoor
- Supportive Living Accommodations
- Swimming Pool / Spray Park
- Transportation / Conveyance
- Unknown
- Other

Other (specify)

B. Medical Risk Factors (select all that apply)

- Anemia / Hemoglobinopathy
- Arthritis
- Asthma
- Blood / Blood Product
- Cancer / Malignancy
- Cerebrovascular Disease (e.g. stroke)
- Chronic Chromosomal Disease
- Chronic GI Disease
- Chronic Heart Disease
- Chronic Hepatic Disease
- Chronic Mental Illness
- Chronic Metabolic Disorder
- Chronic Neurological / Neuromuscular Disorder
- Chronic Renal Disease
- COPD
- Diabetes
- Hepatitis B
- Hepatitis C
- History of Seizures (including epilepsy)
- HIV
- Hypertension
- Immunodeficiency Disease / Condition
- Obesity
- Postpartum
- Pregnancy Loss
- Varicella / Shingles (Zoster)
- Wound (non-surgical)
- Wound (surgical)
- None Identified
- Unknown
- Other Chronic Disease

Other Chronic Disease (specify)

- Other Chronic Lung Disease

Other Chronic Lung Disease (specify)

- Other

Other (specify)

Copy only

Classification: Public

C. Social / Behaviour Conditions (select all that apply)

- ☐ Addiction / Abuse - Alcohol
- ☐ Addiction / Abuse - Injection Drug Use (IDU)
- ☐ Addiction / Abuse - Non-injection Drug Use (non-IDU)
- ☐ Addiction / Abuse - Non-prescription Drug
- ☐ Addiction / Abuse - Prescription Drug
- ☐ Homelessness
- ☐ Incarceration
- ☐ Piercing
- ☐ Sexual Contact
- ☐ Sharing Personal Hygiene Equipment
- ☐ Smoker (Commercial tobacco (e.g. cigarettes, cigars, hookah, pipe)
- ☐ Smoker (Hookah-herbal without tobacco)
- ☐ Smoker (Vaping - Nicotine Free)
- ☐ Smoker (Cannabis)
- ☐ Smoker (Vaping - Nicotine)
- ☐ Smoker (Vaping - THC / CBD)
- ☐ Tattoo
- ☐ None Identified
- ☐ Unknown
- ☐ Other

Other (specify)

Enterics - Proceed to Section 5

Non-Enterics - Proceed to Section 6

Section 5 - Enterics

How was disease likely acquired (select one)

Animal or Animal Manure Contact

- ○ Domestic Pet - Bird
- ○ Domestic Pet - Lizard, type
- ○ Domestic Pet - Cat / Kitten
- ○ Domestic Pet - Dog / Puppy
- ○ Domestic Pet - Rodent
- ○ Domestic Pet - Other Ma… type
- ○ Domestic Pet - Snak… type
- ○ Domestic Pet - Turtle
- ○ Domestic Pet - Other Pet type
- ○ Livestock - Cow / Calf
- ○ Livestock - Goat
- ○ Livestock - Horse / Donkey
- ○ Livestock - Pig / Swine
- ○ Livestock - Poultry - Chicken
- ○ Livestock - Poultry - Duck
- ○ Livestock - Poultry - Goose
- ○ Livestock - Poultry - Turkey
- ○ Livestock - Poultry - Other type
- ○ Livestock - Sheep / Lamb
- ○ Livestock - Other type
- ○ Other Animal type
- ○ Drinking Water
- ○ Food (Human) - Unpasteurized Dairy
- ○ Food (Human) - Other type
- ○ Food (Human) - Unknown
- ○ Food (Human) - Raw / Undercooked Meat / Poultry / Eggs
- ○ Food (Pet) - type
- ○ Person-to-Person
- ○ Pool Water
- ○ Recreational Water
- ○ Sexual Contact
- ○ Sewage / Waste Water Contact
- ○ Unknown
- ○ Other type

Copy only

Classification: Public

Section 6 - Non-Enterics

Manifestation / Site (Select all that apply)

- ☐ Cellulitis
- ☐ Encephalitis
- ☐ Epiglottitis
- ☐ Joint
- ☐ Meningitis
- ☐ Necrotizing Faciitis
- ☐ Osteomyelitis
- ☐ Pericarditis
- ☐ Peritonitis
- ☐ Pneumonia
- ☐ Septicemia / Bacteremia
- ☐ Soft Tissue Infection
- ☐ Toxic Shock Syndrome
- ☐ Varicella - Disseminated
- ☐ Varicella - Lesions
- ☐ West Nile Virus Fever
- ☐ Other (specify)

How was disease likely acquired (bloodborne infections only) (select one)

- ○ Blood / Blood Product
- ○ Breast Milk
- ○ Injection Drug Use (IDU)
- ○ Non-IDU (shared equipment)
- ○ Non-surgical Invasive Procedure
- ○ Occupational Sharps
- ○ Sexual Contact
- ○ Surgical / Outpatient Procedure
- ○ Vertical
- ○ Unknown
- ○ Other (specify)

Additional Risk Factors for Acquiring HUS

- ☐ Prior disease (e.g. VTEC, IPD, etc.) progressing to HUS

NDR Number _____ OR What disease / When / Where acquired _____

- ☐ Prior non-lab confirmed diarrheal illness progressing to HUS
- ☐ Prior non-lab confirmed non-diarrheal illness to HUS
- ☐ Unknown

Copy only

Classification: Public

Section 7 - Disease Specific Immunization and Pre or Post Exposure Prophylaxis History

Immunization Status

◯Up-to-date ◯Partial ◯Not Immunized ◯Unknown

Reason Not Immunized / Partially Immunized

◯History of disease ◯Not provincially funded (cost barrier) ◯Unaware of vaccine

◯Medical contraindication ◯Outside vaccine indications for use ◯Unknown

◯Not up-to-date with immunizations ◯Refusal ◯Other (specify)

Vaccine Code	Antigen Count	Date received yyyy-mm-dd	

Where was each vaccine given

1. Alberta
2. Out-of-Country (specify)
3. Out-of-Province (specify)
4. Unknown

Prior to symptom onset, was this person given Prior or Post Exposure Prophylaxis

◯No ◯Yes Agent Received Date Received yyyy-mm-dd

Copy only

Section 8 - Additional Information / Reporting

Submitted Phone Date Reported yyyy-mm-dd

Comments

Classification: Public

Appendix 2: NDR Form Mandatory Field Reporting Matrix

For timeline compliance requirements refer to the Reporting Timelines section under Reporter Responsibilities.

LEGEND

Red – diseases that must be reported by FMP

XXXX or XXXX – Cross-over disease

* Indicates bio-terrorism agent

** Indicates foodborne or wound source

DISEASE/AGENT		ICD-10 Code	Ethnic Group	Pregnant	Pregnancy Outcome	Laboratory Diagnosis[a]	Case/Carrier	Species	Hospitalized/ICU	Transmission Risk	Section 3: Travel History Details Table[b]	Section 4: Enterics and Non-Enterics Where was disease likely acquired	Section 4: Enterics and Non-Enterics Medical Risk Factors	Section 4: Enterics and Non-Enterics Social/Behaviour Conditions	Section 5: Enterics How was disease likely acquired	Section 6: Non-Enterics Manifestation or Site	Section 6: Non-Enterics How was disease likely acquired	Section 7: Relevant Immunization	Section 7: Pre/Post Exposure	PHAC Tickborne Disease questions Addendum / Separate form
Acute Flaccid Paralysis		G82.0	M	M					M		M	M	M	M				M		
Amoebiasis		A06	M	M		M			M		M	M	M	M	M					
Anaplasmosis		A79.82	M	M		M		M	M		M	M	M	M			M			M
*Anthrax		A22	M	M		M			M		M	M	M	M	M	M		M	M	
Arboviral Infections	Chikungunya Virus	A92.0	M	M		M			M		M	M	M	M				M[c]	M	
	Dengue	A90																		
	Eastern Equine Encephalitis	A83.2																		
	Jamestown Canyon Virus	A83.5																		
	Japanese Encephalitis	A83.0																		
	Powassan Encephalitis	A84.8																		M
	Snowshoe Hare Virus	A83.51																		
	St. Louis Encephalitis	A83.3																		
	Western Equine Encephalitis	A83.1																		

DISEASE/AGENT			ICD-10 Code	Ethnic Group	Pregnant	Pregnancy Outcome	Laboratory Diagnosis[a]	Case/Carrier	Species	Hospitalized/ICU	Transmission Risk	Section 3: Travel History Details Table[b]	Section 4: Enterics and Non-Enterics Where was disease likely acquired	Section 4: Enterics and Non-Enterics Medical Risk Factors	Section 4: Enterics and Non-Enterics Social/Behaviour Conditions	Section 5: Enterics How was disease likely acquired	Section 6: Non-Enterics Manifestation or Site	Section 6: Non-Enterics How was disease likely acquired	Section 7: Relevant Immunization	Section 7: Pre/Post Exposure	PHAC Tickborne Disease questions Addendum / Separate form
Arboviral Infections (cont…)	West Nile Virus	Asymptomatic	AA92.32	M	M		M			M		M	M	M	M				M	M[d]	
		Neurological	A92.3																		
		Non-neurological	AA92.3																		
	Yellow Fever		A95																		
	Zika Virus		A92.8																		
Babesiosis			B60.0	M	M		M		M	M		M	M	M	M			M			M
*Botulism			A05.1	M	M		M			M		M	M**	M**	M**	M**				M**	
Brucellosis			A23	M	M		M		M	M		M	M	M	M	M					
Campylobacteriosis			A04.5	M	M		M		M	M		M	M	M	M	M					
Cholera (O1, O139)			A00	M	M		M		M	M		M	M	M	M	M			M		
Creutzfeldt-Jakob Disease		Classic	A81.0	M	M		M			M		M	M	M	M	M	M	M			
		Variant	AA81.01																		
Cryptosporidiosis			A07.2	M	M		M			M		M	M	M	M	M					
Cyclosporiasis			AA07.4	M	M		M			M		M	M	M	M	M					
Diphtheria, Toxigenic		Cutaneous	A36.3	M	M		M			M			M	M	M				M		
		Respiratory	A36																		
Escherichia coli, Shiga toxin-producing (STEC)			A04.0	M	M		M		M	M	M	M	M	M	M	M					
Giardiasis			A07.1	M	M		M			M		M	M	M	M	M					
Haemolytic Uremic Syndrome			D59.3	M	M					M				M	M						
Haemophilus influenzae - non-serotype b, Invasive			GG00.1	M	M		M		M	M			M	M	M		M				
Haemophilus Influenzae – serotype b, Invasive			GG00.0	M	M		M		M	M			M	M	M		M		M	M	

DISEASE/AGENT		ICD-10 Code	Ethnic Group	Pregnant	Pregnancy Outcome	Laboratory Diagnosis[a]	Case/Carrier	Species	Hospitalized/ICU	Transmission Risk	Section 3: Travel History Details Table[b]	Section 4: Enterics and Non-Enterics Where was disease likely acquired	Section 4: Enterics and Non-Enterics Medical Risk Factors	Section 4: Enterics and Non-Enterics Social/Behaviour Conditions	Section 5: Enterics How was disease likely acquired	Section 6: Non-Enterics Manifestation or Site	Section 6: Non-Enterics How was disease likely acquired	Section 7: Relevant Immunization	Section 7: Pre/Post Exposure	PHAC Tickborne Disease questions Addendum / Separate form
Hantavirus		B33.4	M	M		M			M		M	M	M	M	M					
Hepatitis A		B15	M	M		M			M	M	M	M	M	M	M			M	M	
Hepatitis B	Acute	B16	M	M		M	M		M			M	M	M			M	M	M	
	Chronic Carrier	B18.1							M											
Hepatitis C	Acute	B17.1	M	M		M	M		M			M	M	M			M			
	Chronic	B18.2							M											
Hepatitis E		B17.2	M	M		M			M		M	M	M	M	M					
Histoplasmosis		B39	M	M		M			M		M	M	M	M	M	M				
Legionellosis		A48.1	M	M		M		M	M		M	M	M	M	M	M				
Leprosy		A30	M	M		M		M	M			M	M	M					M	
Listeriosis		A32	M	M	M	M		M	M		M	M	M	M	M	M				
Lyme Disease		A69.2	M	M		M		M	M		M	M	M	M		M				M
Malaria		BB50	M	M		M		M	M			M	M	M					M	
Measles		B05	M	M	M	M		M	M		M	M	M	M				M	M	
Meningococcal Disease, Invasive		A39	M	M		M		M	M			M	M	M		M		M	M	
Mpox		B04	M	M		M		M	M		M	M	M	M	M	M	M	M	M	
Mumps		B26	M	M		M			M			M	M	M				M		
Paratyphoid Fever - Case and Carrier		A01.4	M	M		M	M	M	M	M	M	M	M	M	M					
Pertussis		A37.0	M	M		M			M			M	M	M				M	M	
*Plague		A20	M	M		M			M		M	M	M	M		M			M	
Pneumococcal Disease, Invasive		A40.3	M	M		M		M	M			M	M	M		M		M		
Poliomyelitis		A80	M	M		M			M		M	M	M	M				M		

DISEASE/AGENT		ICD-10 Code	Ethnic Group	Pregnant	Pregnancy Outcome	Laboratory Diagnosis[a]	Case/Carrier	Species	Hospitalized/ICU	Transmission Risk	Section 3: Travel History Details Table[b]	Section 4: Enterics and Non-Enterics Where was disease likely acquired	Section 4: Enterics and Non-Enterics Medical Risk Factors	Section 4: Enterics and Non-Enterics Social/Behaviour Conditions	Section 5: Enterics How was disease likely acquired	Section 6: Non-Enterics Manifestation or Site	Section 6: Non-Enterics How was disease likely acquired	Section 7: Relevant Immunization	Section 7: Pre/Post Exposure	PHAC Tickborne Disease questions Addendum / Separate form
Psittacosis		A70	M	M		M			M			M	M	M	M					
Q Fever		A78	M	M		M			M			M	M	M	M					
Rabies		A82	M	M		M			M			~~M~~	M	M	M			M	M	
Rare or Emerging Communicable Disease[d]		AA77	M	M	M	M	M	M	M		M	M	M	M	M	M	M	M	M	
Rickettsial Infection		A77.0	M	M		M		M	M			M	M	M		M				
Rubella		B06	M	M	M	M			M		M	M	M	M				M		
Rubella, Congenital	Infection	PP35.0	M	M		M			M			M	M	M			M			
	Syndrome	P35.0																		
Salmonellosis		A02	M	M		M		M	M		M	M	M	M	M					
Shellfish Poisoning		T61.2	M	M		M			M		M	M	M	M	M					
Shigellosis		A03	M	M		M		M	M	M	M	M	M	M	M					
*Smallpox		B03	M	M		M			M		M	M	M	M				M	M	
Streptococcal Disease - Group A, Invasive[f]		AA40	M	M		M		M	M			M	M	M		M			M	
Subacute Sclerosing Panencephalitis		A81.1	M	M					M			M	M	M				M		
Tetanus		A35	M	M		M			M		M	M	M	M				M	M	
Trichinosis		B75	M	M		M			M		M	M	M	M	M					
*Tularemia		A21	M	M		M		M	M			M	M	M	M					
Typhoid Fever - Case and Carrier		A01.0	M	M		M	M	M	M	M	M	M	M	M	M			M	M	
Varicella (Chickenpox) Hospitalized		BB01	M	M		M			M			M	M	M		M		M	M	
Vibrio cholerae (non O1, non O139)		A00.9	M	M		M		M	M		M	M	M	M	M					
Vibrio parahaemolyticus Infection		A05.3	M	M		M			M		M	M	M	M	M					

DISEASE/AGENT		ICD-10 Code	Ethnic Group	Pregnant	Pregnancy Outcome	Laboratory Diagnosis[a]	Case/Carrier	Species	Hospitalized/ICU	Transmission Risk	Section 3: Travel History Details Table[b]	Section 4: Enterics and Non-Enterics Where was disease likely acquired	Section 4: Enterics and Non-Enterics Medical Risk Factors	Section 4: Enterics and Non-Enterics Social/Behaviour Conditions	Section 5: Enterics How was disease likely acquired	Section 6: Non-Enterics Manifestation or Site	Section 6: Non-Enterics How was disease likely acquired	Section 7: Relevant Immunization	Section 7: Pre/Post Exposure	PHAC Tickborne Disease questions Addendum / Separate form
Viral Haemorrhagic Fevers	Argentine Haemorrhagic Fever	A96.0	M	M		M		M	M		M	M	M	M			M		M	
	Crimean Congo Haemorrhagic Fever	A98.0																		
	*Ebola Haemorrhagic Fever	A98.4																		
	*Lassa Fever	A96.2																		
	*Marburg Haemorrhagic Fever	A98.3																		
	Rift Valley Haemorrhagic Fever	A92.4																		
Yersiniosis		A04.6	M	M		M		M	M		M	M	M	M	M					

(a) Laboratory Diagnosis – For the diseases indicated with an ‘M’, then further details on the NDR form including Specimen collection date and Type of specimen are mandatory.

(b) The travel table should only be completed if the travel question ‘Was disease likely acquired while traveling outside of Alberta’ was answered as ‘Yes’ and if it is a mandatory field as listed in this table.

(c) Mandatory for those arboviral infections that have a vaccine available.

(d) Rare or Emerging Communicable Disease – Although ‘M’ is indicated in both enteric and non-enteric fields, this is to indicate that the reporting fields may vary with the disease that is identified.

Appendix 3: Enteric List for NDR Form

For the purposes of reporting on the NDR form the following diseases are included in the enteric list:

- Amoebiasis
- Anthrax[(D)]
- Botulism[(D)]
- Brucellosis
- Campylobacteriosis
- Cholera (O1 or O139)
- Creutzfeldt-Jakob Disease (Variant only[(D)])
- Cryptosporidiosis
- Cyclosporiasis
- *Escherichia coli* Verotoxigenic Infections
- Giardiasis
- Hantavirus
- Hepatitis A
- Hepatitis E
- Histoplasmosis[(D)]
- Legionellosis[(D)]
- Listeriosis[(D)]
- Mpox[(D)]
- Paratyphoid Fever – Case and Carrier
- Plague[(D)]
- Psittacosis
- Q Fever
- Rabies[(D)]
- Rare or Emerging Communicable Disease[(D)]
- Salmonellosis
- Shellfish Poisoning
- Shigellosis
- Trichinosis
- Tularemia[(D)]
- Typhoid Fever – Case and Carrier
- *Vibrio cholerae* (non O1, non O139) Infection
- *Vibrio parahaemolyticus* Infection
- Yersiniosis

[(D)] There are also fields to complete in Section 5 – Non-Enterics.

Classification: Public

Appendix 4: Non-Enteric Disease List for NDR Form

For the purposes of reporting on the NDR form the following diseases will be included in the non-enteric disease list:

- Acute Flaccid Paralysis
- Anthrax[(E)]
- Arboviral Infections – includes:
  - Chikungunya Virus
  - Dengue
  - Eastern Equine Encephalitis
  - Flavivirus (Other)
  - Jamestown Canyon Virus
  - Japanese Encephalitis
  - Powassan Encephalitis
  - Snowshoe Hare Virus
  - St. Louis Encephalitis
  - West Nile Virus Infection (Asymptomatic, Neurological, Non-Neurological)
  - Western Equine Encephalitis
  - Yellow Fever
  - Zika Virus
- Botulism[(E)]
- Coronavirus, Novel
- Creutzfeldt-Jakob Disease (Classic/Variant[(E)])
- Diphtheria, Toxigenic
- Haemolytic Uremic Syndrome
- *Haemophilus influenzae* – non-serotype b, Invasive
- *Haemophilus influenzae* – serotype b, Invasive
- Hepatitis B
- Hepatitis C
- Histoplasmosis[(E)]
- Legionellosis[(E)]
- Leprosy
- Listeriosis[(E)]
- Lyme Disease
- Malaria
- Measles
- Meningococcal Disease, Invasive
- Mpox[(E)]
- Mumps
- Pertussis
- Plague[(E)]
- Pneumococcal Disease, Invasive
- Poliomyelitis
- Rabies[(F)]
- Rare or Emerging Communicable Disease[(E)]
- Rickettsial Infections
- Rubella
- Rubella - Congenital Infection/ Syndrome
- Severe Respiratory Illness (SRI)
- Smallpox
- Streptococcal Disease - Group A, Invasive
- Subacute sclerosing panencephalitis
- Tetanus
- Tularemia[(E)]
- Typhus – Louseborne, Sporadic (Murine/Scrub)
- Varicella (Chickenpox) Hospitalized
- Viral Haemorrhagic Fever – includes Argentine Haemorrhagic Fever, Crimean Congo Haemorrhagic Fever, Ebola Virus Disease, Lassa Fever, Marburg Haemorrhagic Fever, Rift Valley Hemorrhagic Fever

[(E)] Cross-over diseases - there are also fields to complete in the enteric Section 4.

Classification: Public

Appendix 5: Immunobiological Lists

Vaccine and Immune Globulin Codes

Y = Active, immunobiological agent in current use
N = Inactive, historic immunobiological agent not in current use
H = Historical, generic code created to document historical events where the vaccine type is unknown
U = Unavailable, code may exist in legacy data but is no longer available for use when documenting historical events

List of Active Vaccines

Vaccine Name/Description	Vaccine Code	Active	Start (Y/M/D)	End (Y/M/D)
Anthrax	Anth	Y	1996-Jan-01	–
Bacillus Calmette Guerin (TB)	BCG	Y	1956-Jan-01	Private Market
Botulism Antitoxin	BA	Y	1965-Jun-12	–
Botulism Antitoxin Heptavalent	BA-7	Y	2016-Dec-15	–
Botulism Antitoxin Immune Globulin	BAIg	Y	2013-May-27	Private Market
Cholera – (unspecified) *Note: only used when documenting historical records where the type of vaccine is unknown*	CH	H	1900-Jan-01	–
Cholera - E. coli - Oral	Chol-Ecol-O	Y	2003-Feb-21	Private Market
COVMODmRNAXBB	COVID-19 mRNA 1273 - mRNA XBB	Y	2023-Oct-02	–
COVNVASubXBB	COVID-19 Recombinant protein XBB	Y	2024-Jan-05	–
COVPBmRNAXBB	COVID-19 BNT162b2 - mRNA XBB	Y	2023-Oct-02	–
Diphtheria Antitoxin	DA	Y	1985-Jan-01	–
Diphtheria/Tetanus/Acellular Pertussis/Hepatitis B/IPV	DTaP-HB-IPV	Y	2008-Aug-13	–
Diphtheria/Tetanus/Acellular Pertussis/IPV	dTap-IPV	Y	2008-Jun-12	–
Diphtheria/Tetanus/Acellular Pertussis/IPV	DTaP-IPV	Y	1997-Jul-01	–
Diphtheria/Tetanus/Acellular Pertussis/IPV/Hib	DTaP-IPV-Hib	Y	1997-Jul-01	
Diphtheria/Tetanus/Acellular Pertussis/IPV/Hib/Hepatitis B	DTaP-IPV-Hib-HB	Y	2004-May-28	
Haemophilus influenzae b	Hib	Y	1993-Feb-01	
Hepatitis A	HAV	Y	1994-Jan-01	
Hepatitis A and B	HABV	Y	1997-Jan-01	
Hepatitis A and Typhoid	HA-Typh-I	Y	2003-Oct-29	
Hepatitis B	HBV	Y	1983-Jan-01	
Hepatitis B for Dialysis	HBVD	Y	1983-Jan-01	
Hepatitis B Immune Globulin	HBIG	Y	1971-Jan-01	
Human Papillomavirus- (unspecified) *Note: only used when documenting historical records where the type of vaccine is unknown*	HPV-U	H	1900-Jan-01	
Human Papillomavirus- Nonavalent	HPV-9	Y	2015-Feb-05	
Immune Globulin (human, intramuscular)	IG	Y	1987-Feb-18	
Inactivated Polio	IPV	Y	1956-Jan-01	
Influenza (high dose)	FLU-HD	Y	2021-Aug-01	

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Influenza (standard dose)	FLU	Y	1939-Jan-01	
Japanese Encephalitis	JEV	Y	1990-Jan-01	
Measles/Mumps/Rubella	MMR	Y	1982-Jan-01	
Meningococcal - Conjugate (A, C, Y, W-135)	MenC-ACYW	Y	2006-May-03	
Meningococcal B (4C, OMV recombinant, absorbed)	Men-B	Y	2013-Dec-09	
Meningococcal B (Unspecified)	MenB-U	Y	1900-Jan-01	
Meningococcal B FHbp (recombinant)	MenB-FHbp	Y	2017-Oct-05	Private Market
Meningococcal Conjugate – (unspecified) *Note: only used when documenting historical records where the type of vaccine is conjugate but unknown serotype*	MENING-C	H	1900-Jan-01	
Meningococcal Polysaccharide – (unspecified) *Note: only used when documenting historical records where the type of vaccine is polysaccharide but unknown serotype*	MENING-P	H	1900-Jan-01	
Meningococcal, polysaccharide, quadravalent (A, C, Y, W-135)	MENING	Y	1983-May-04	
Meningococcal, conjugate, monovalent©	MenconC	Y	2001-Jun-15	
MMR and Varicella	MMR-Var	Y	2007-Jul-30	
Orthopoxvirus	SMAMONV	Y	2023-Jun-06	
Pneumococcal (13 – conjugate)	PNEU-C13	Y	2009-Dec-21	
Pneumococcal (15 – conjugate)	PNEU-C15	Y	Private Market	Private Market
Pneumococcal (20 – conjugate)	PNEU-C20	Y	Private Market	Private Market
Pneumococcal (23–polysaccharide) *Note: only used when documenting historical records where the type of vaccine is polysaccharide but unknown serotype*	PNEUMO-P	Y	1983-Jan-01	
Pneumococcal conjugate –(unspecified) *Note: only used when documenting historical records where the type is conjugate, but the serotype is unknown*	PNEU-CON	H	1900-Jan-01	
Polio (unspecified)	POL	Y	1900-Jan-01	
Purified Protein Derivative 5TU (Mantoux-TB Test)	PPD	Y	1960-Jan-05	
Rabies	RAB	Y	1980-Jan-01	
Rabies Immune Globulin	RIG	Y	1983-Sep-16	
Respiratory Syncytial Virus Vaccine Recombinant, Adjuvanted	RSV-R	Y	2023-Aug-08	
Rotavirus	Rot	Y	2006-Aug-16	
Rotavirus – Pentavalent	Rot-5	Y	2006-Aug-01	
Rotavirus – Unspecified *Note: only used when documenting historical records where the type of vaccine is unknown*	Rot-U	H	1900-Jan-01	
Tetanus Immune Globulin	TIG	Y	1963-Dec-09	
Tetanus/Diphtheria toxoids (adult)	Td	Y	1980-Jul-09	
Tetanus/Diphtheria/acellular Pertussis	TdaP	Y	2004-Feb-01	

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Tetanus/Diphtheria/Acellular Pertussis/IPV	Tdap-IPV	Y	2008-Jun-12	
Tetanus/Diphtheria/IPV	Td-IPV	N	1984-Jan-10	
Typhoid – (unspecified) *Note: only used when documenting historical records where the type of vaccine is unknown*	TY	H	1900-Jan-01	
Typhoid Ty21a – Oral	TYO	Y	1992-Jan-01	
Typhoid Vi Salmonella – Injectable	TYVI	Y	1993-Nov-01	
Varicella Zoster	VZ	Y	1998-Dec-01	
Varicella Zoster – (unspecified) *Note: only used when documenting historical records where the type of vaccine is unknown*	VZU	H	1900-Jan-01	
Varicella Zoster – Shingles Inactivated	Var-SI	Y	2016-Sep-01	
Varicella Zoster – Shingles Live	Var-S	Y	2008-Aug-22	
Varicella Zoster Immune Globulin	VZIG	Y	1985-Jan-01	
Yellow Fever	YF	Y	1935-Jan-01	

List of Historical (Inactive) Vaccines

Vaccine Name/Description	Vaccine Code	Active	Start (Y/M/D)	End (Y/M/D)
Cholera – Injectable	CHI	N	1970-Jan-01	1999-Jan-01
Cholera – Oral	CHO	N	1997-Jan-01	2010-Sep-23
COVID-19 Ad26 SARS - NR viral Vector	COVJANVec	N	2020-Dec-01	2023-Jun-30
COVID-19 Ad26 SARS - NR viral Vector	COVJANVec	N	2020-Dec-01	2023-Jun-30
COVID-19 bivalent BA.1, BNT162b2 - mRNA	COVPBmRNABA1	N	1923-Jan-01	1923-Jan-01
COVID-19 bivalent BA.1, mRNA 1273 - mRNA	COVMODmRNABA1	N	2022-Sep-01	2023-Oct-04
COVID-19 bivalent BA.4/BA.5, BNT162b2 - mRNA	COVPBmRNABA45	N	2022-Sep-01	2023-Oct-04
COVID-19 bivalent BA.4/BA.5, mRNA 1273 - mRNA	COVMODmRNABA45	N	2022-Sep-01	2023-Oct-04
COVID-19 BNT162b2 - mRNA	COVPBmRNA	N	2020-Dec-01	2023-Jul-31
COVID-19 BNT162b2 - mRNA Pediatric 5-11 years	COVPB5y-11ymRNA	N	2021-Nov-12	2023-Aug-01
COVID-19 BNT162b2 - mRNA Pediatric 6 months- 4 years	COVPB6m-4ymRNA	N	2022-Jan-01	2023-Aug-01
COVID-19 CanSinoBIO (Convidecia) Recombinant Vaccine	COVCanSinoRe	N	Historical Use	Historical Use
COVID-19 ChAdOx1 - NR viral Vector	COVAUVec	N	2020-Dec-01	2022-Apr-30
COVID-19 Covaxin	COVAXIN	N	2020-Dec-01	2020-Dec-01
COVID-19 mRNA 1273 - mRNA	COVMODmRNA	N	2020-Dec-01	2023-Jul-31
COVID-19 mRNA 1273 - mRNA Pediatric 6 months-5 years	COVMOD6m-5ymRNA	N	2022-Jan-01	2023-Aug-01
COVID-19 Pfizer-Bivalent Vaccine-BA4/5 (5 yrs to 11 yrs)	COVPB5-11mRNA45	N	2023-Jan-05	2023-Oct-04
COVID-19 Recombinant protein, Adjuvanted	COVNVASub	N	2020-Dec-01	2023-Jun-30
COVID-19 Virus Like Particle Recombinant, Adjuvanted	COVMGOVLP	N	2020-Dec-01	2020-Dec-01
Covovax NVX-CoV2373 Recomb Nanoparticle	COVCVASub	N	Historical Use	Historical Use
Diphtheria Reaction Test	DRT	N	1923-Jan-01	1996-Jan-01
Diphtheria Toxoid (fluid)	D	N	1954-Apr-01	1994-Aug-01
Diphtheria Toxoid (fluid-diluted)	DD	U	1954-Apr-01	1994-Aug-01
Diphtheria/Tetanus toxoids (pediatric)	DT	N	1948-Jan-01	1998-Dec-31

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Diphtheria/Tetanus/Acellular Pertussis NOTE: When documenting historical trivalent acellular pertussis events and the vaccine type is UNKNOWN use this code if the age of the client at immunization is < 12 years	DTaP	N	1997-Jul-01	1999-Jan-01
Diphtheria/Tetanus/Acellular Pertussis NOTE: When documenting historical trivalent acellular pertussis events and the vaccine type is UNKNOWN use this code if the age of the client at immunization is < 12 years	dTap	N	2004-Feb-01	2024-Jun-30
Diphtheria/Tetanus/IPV (pediatric)	DT-IPV	N	1996-Jul-01	2005-Oct-31
Diphtheria/Tetanus/Whole Cell Pertussis/Hib/Hepatitis B	DTwP-Hib-HB	N	Historical Use	Historical Use
Diphtheria/Tetanus/Whole Cell Pertussis/IPV/Hepatitis B/Hib	DTwP-IPV-HB-Hib	N	Historical Use	Historical Use
Diphtheria/whole cell Pertussis/ Tetanus	DPT	N	1948-Jan-01	1997-Jun-30
Diphtheria/whole cell Pertussis/ Tetanus/ IPV	DPTP	N	1994-Aug-02	1997-Jun-30
Diphtheria/whole cell Pertussis/ Tetanus/ IPV/Hib	DPTPHib	N	1994-Aug-02	1997-Jun-30
Diphtheria/whole cell Pertussis/ Tetanus/Hib	DTwP-Hib	N	Historical Use	Historical Use
Enterovirus 71	EV71	N	Historical Use	Historical Use
Haemophilus influenza b	HbOC	N	1992-May-19	1993-Feb-01
Haemophilus influenza b	OMP	N	1990-Jan-01	1994-Aug-02
Haemophilus influenza b	PRPD	N	1988-Mar-16	1992-May-18
Haemophilus influenzae b	Hib-MenC	N	2010-Aug-01	2015-Feb-05
Hepatitis B Thimerosal Free	HBTmf	N	2003-Apr-16	2011-May-01
Human Papillomavirus- Bivalent	HPV-2	N	2010-Feb-09	2019-Jun-30
Human Papillomavirus- Quadrivalent	HPV	N	2006-Jul-11	2019-Jun-30
Influenza, Adjuvanted Pandemic 2009	H1N1-09-AD	N	2009-Oct-19	2010-Oct-01
Influenza, Non-Adjuvanted Pandemic 2009	H1N1-09	N	2009-Oct-19	2010-Oct-01
Lymerix	Lym	N	1998-Dec-02	2002-Jul-30
Measles (E/Z)	EZM	N	1969-Jan-01	1971-Jan-01
Measles (Killed red)	KMEA	N	1963-Jan-01	1970-Jun-30
Measles (Red)	MEA	N	1970-Jul-01	1998-Dec-31
Measles (Red)	MONM	N	1997-Apr-01	1998-Jun-30
Measles/Rubella	MR	N	1997-Jan-01	1999-Dec-31
Meningococcal, polysaccharide, bivalent (A, C)	MeninAC	N	2001-Jan-01	2002-Mar-01
Meningococcal, polysaccharide, quadrivalent (A, C, Y, W-135)	MENOTET	N	1983-May-04	2000-Nov-01
Mumps	MU	N	1982-Jan-01	2004-Feb-08
Pertussis (Acellular)	aP	N	1997-Jul-01	2001-Oct-31
Pertussis (Whole Cell)	P	N	1939-Jan-01	1997-Jun-30
Pneumococcal (10 – conjugate)	PNEU-C10	N	2008-Dec-11	2008-Dec-11
Pneumococcal (7 – conjugate)	PNEU-C	N	2001-Jan-16	2010-Jul-01
Polio (Oral)	OPV	N	1962-Jan-01	1994-Jul-31
Polio (unspecified)	POL	H	1994-Aug-02	1998-Dec-31
Respiratory Syncytial Virus Immune Globulin	RSVIg	N	2002-Jun-01	2022-Nov-28
Rubella	RUB	N	1971-Jan-01	1998-Oct-01
SII - COVID-19 ChAdOx1 - NR viral Vector	COVSIIVec	N	2020-Dec-01	2022-Apr-30
SinoPharm BIBP Vero Cell	COVBIBPVer	N	Historical Use	Historical Use
SinoVac Vero Cell-CoronaVac	COVSVACVer	N	Historical Use	Historical Use

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Smallpox	Sma	N	1870-01-01	2014-Jun-01
Snakebite antivenom	SNAKE	N	1980-Jan-01	2002-Feb-03
Tetanus Polio	TP	N	1959-Jan-01	1994-Aug-01
Tetanus Toxoid	TT	N	1947-Jan-01	2000-Dec-31
Tetanus/Diphtheria/IPV (adult)	Td-IPV	N	1984-Jan-10	2023-Jan-01
Tetanus/Diphtheria/IPV (adult)	TdP	N	1984-Jan-10	2015-Mar-01
Tick-Borne Encephalitis Virus	TBEV	N	1995-Jun-01	2014-Mar-03

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